TN Division of TennCare

TennCare Sickle Cell Disease Report
January 15, 2022

BACKGROUND OF TENNESSEE PUBLIC CHAPTER NO. 186

PC 186 establishes that the Division of TennCare conduct an annual review of all medications and forms of treatment and services for enrollees with a diagnosis of sickle cell disease (SCD) that are eligible for coverage under the medical assistance program. TennCare is to submit an initial report by January 15, 2022, and every January 15 each year after to the legislature detailing TennCare's findings, as well as any recommendations to the General Assembly based on those findings. TennCare must also publish the annual report to its website to be accessible to the general public. The purpose of the review is to determine if the available covered medications, treatments, and services are adequate to meet the needs of TennCare enrollees and whether TennCare should seek to add additional medications, treatments, or services. TennCare is required to solicit and consider input from the general public, with specific emphasis on input from persons or groups with knowledge and experience in the area of sickle cell disease treatment. This report outlines the information required by PC 186.

OVERVIEW AND CONTEXT OF SICKLE CELL DISEASE

Sickle cell disease is a group of inherited red blood cell blood disorders. It is one of the most commonly inherited blood disorders in the United States affecting approximately 100,000 Americans[1]. This report describes the population demographics and healthcare utilization patterns of TennCare enrollees with sickle cell disease. It outlines clinical programs specifically designed to provide health care coordination and covers health care access and utilization patterns for individuals with sickle cell disease. The report discusses specific opportunities and challenges for this population, describes feedback received from stakeholders, and discusses the adequacy of TennCare covered medications, treatments, and services to meet the needs of enrollees with sickle cell disease. As of December 2021, TennCare provides healthcare coverage to approximately 1.6 million Tennesseans. All medical data provided in this report is based upon TennCare claims data from Calendar Year 2020.

TENNCARE SICKLE CELL DISEASE KEY POPULATION STATISTICS

Enrollee Demographics

Throughout 2020 TennCare provided healthcare coverage to over 1,300 enrollees diagnosed with SCD. 60.2% of enrollees were between 0-21 years of age and 39.8% were over age 21. The average enrollee age was 19 years old. In 2020, there were 149 TennCare enrollees whose primary residence was in the East grand region, 317 in the Middle grand region, and 817 in the

[1] https://www.cdc.gov/ncbddd/sicklecell/data.html

West grand region. Approximately 88% of the TennCare SCD population live in urban areas and 12% in rural areas.[2]

Medical Services and Expenditures

In calendar year 2020, TennCare expenditures for all medical services provided for enrollees with sickle cell disease totaled $16.6 million[3]. Table 1 shows the breakout of the total expenditures by categories of service.

TABLE 1 – Medical Expenditures by Cost Category[4]

Calendar Year	Cost Category	Total Cost
2020	Medication Costs	$6,977,047
2020	Professional Outpatient Services	$474,412
2020	Inpatient Services	$7,495,254
2020	Emergency Department Services	$1,626,348
2020	Labs and Ancillary Services	$59,527
2020	TOTAL	$16,632,584

The COVID-19 pandemic may have had an impact on the utilization of medical services by enrollees with SCD. All enrollees with SCD have a robust medical and pharmacy benefit available through their TennCare coverage. Additionally, all enrollees are assigned a TennCare primary care provider. Nearly 65% of all outpatient services for these enrollees were provided by a Primary Care Provider or a Hematology/Oncology specialist.

TENNCARE PHARMACY BENEFIT FOR SICKLE CELL DISEASE

TennCare covers all drugs approved by the FDA for the coverage of sickle cell disease. This includes a robust formulary of medications linked here: https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Preferred%20Drug%20List%20(PDL).pdf

Currently, in the U.S., the American Society of Hematology Clinical Practice Guidelines on Sickle Cell Disease provide evidence-based, expert, consensus guidance for the treatment of SCD, linked here: https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/sickle-cell-disease-guidelines

The recommendations address treatment of both adult and pediatric SCD. Treatment options for sickle cell disease are different for each patient and are based on individualized symptoms

[2] Data from TennCare medical claims for CY 2020.
[3] Data from TennCare medical claims for CY 2020.
[4] Data from TennCare medical claims for CY 2020.

and care plans. Progressive organ damage is one of the primary causes of early death in the sickle cell population and the treatment of both the sickle cell disease and the chronic conditions that result from SC is paramount for the long-term health of individuals with SCD. Many SCD patients will use lifelong supportive care such as red blood cell transfusions, pain management strategies, vaccinations, and antibiotic prophylaxis as part of their prevention plan for acute vaso-occlusive crises. Additionally, patients who experience acute vaso-occlusive crises will often require additional clinical care depending on the severity of their crisis. This care may be delivered in specialized sickle cell treatment centers, emergency rooms, and inpatient settings. Other patients may be placed on disease-modifying agents. Hydroxyurea (Droxia, Siklos, or Hydrea) is and has been a key guideline-recommended agent for the treatment of SCD for several years. More recently, pharmaceutical-grade L-glutamine (Endari) received FDA approval for the treatment of SCD in July 2017. Additionally, two new agents, Crizanlizumab-tmca (Advakveo) and Voxelator (Oxbryta), were recently FDA-approved under rapid approval pathways for the treatment of SCD. Both of these medications are covered for TennCare enrollees with SCD who meet the clinical coverage criteria for these treatments.

TennCare's pharmacy benefit focuses on providing effective and appropriate FDA-approved prescription drugs when medically necessary, including medications and related therapies used in the treatment of SCD. All medications that have an FDA-approval for treating sickle cell disease are covered by the TennCare formulary and have clinical criteria outlined to help support evidence-based coverage of those medications.

Preferred formulary drugs used in the management of SCD are available to enrollees without prior authorization. Hydroxyurea and Droxia are recommended for use in the prevention of pain crises, or vaso-occlusive episodes. Non-steroidal anti-inflammatory drugs such as prescription ibuprofen, oral diclofenac and topical gel, meloxicam, and ketorolac are readily available without authorization for use in the management of mild to moderate acute pain episodes. Oral antibiotics and vaccines for use in the prevention of infection are also available without prior approval.

Certain non-preferred medications, such as Siklos, Hydrea, Endari, Adakveo, and Oxbryta, require prior approval before a prescription can be dispensed. Droxia (hydroxyurea) is utilized to reduce the frequency of painful crises and the need for blood transfusions in patients with recurrent moderate to severe painful crises. Endari (l-glutamine powder) is indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients ≥ 5 years of age. Oxybryta (voxelotor) is FDA-approved for individuals with sickle cell disease ages ≥4 years of age and was granted priority review, fast track, orphan drug, rare pediatric disease, and breakthrough therapy designations.

The enrollee, physician, or an authorized agent can initiate routine utilization management processes such as prior approval and step therapy to ensure drugs requiring prior approval meet the clinical criteria to ensure medical necessity. Pre-approvals for drugs requiring authorization are processed within 24 hours of the initial request including receipt of identifying information, clinical reason for the use of the drug under review, and any previous

treatment for the treating condition. If the review for a pharmacy service is denied, there remain multiple pathways to access medication services including peer to peer review, a 72-hour emergency supply, and a reconsideration of the original prior approval review via medical appeal. A peer-to-peer review is available to the prescriber to have a clinical discussion or gather more information on any pre-approval outcome. The prescriber can speak directly with a peer physician or pharmacist about their individual patient, patient's condition, and care options. If the request is emergent in nature, and prior approval is warranted, pharmacists can dispense up to a 72-hour emergency supply of the medication while it is under review at no cost to the enrollee.

As new medications and therapeutic options for sickle cell disease are introduced to the clinical landscape, the TennCare medical and pharmacy benefit is routinely updated to allow for coverage of new medications as medically indicated. TennCare's formulary protocol is routinely advanced, as frequently as weekly, based on new drug availability, indications, route of administration, and according to nationally recognized guidelines, compendia, and established medical and pharmacy treatment standards. Routine updates safeguard access to critical medications to rare, chronic, and acute illness including sickle cell disease.

TennCare continues to follow the emerging clinical pipeline around new treatment options which advance rapidly. Many new treatment options, including gene therapy and stem cell transplantation, have been or are undergoing continued review by the FDA, which may provide the potential for a cure for sickle cell disease. TennCare closely tracks these emerging new treatment options and the FDA approval processes based on review of clinical trials. As new therapeutics are determined to be safe and effective, TennCare works quickly to ensure they are reviewed for potential inclusion in the TennCare benefit.

It is important to note that TennCare's pharmacy formulary is shaped based on input from the TennCare Pharmacy Advisory Committee (PAC). The TennCare PAC is comprised of members appointed by both executive and legislative representatives as outlined in state statute. The Committee makes recommendations regarding access to medications and related product guidance in conjunction with state clinicians. Committee members must be practicing primary or specialty physicians, pharmacists, or mid-level practitioners. The committee also includes enrollee advocates. In conjunction with TennCare clinicians, the PAC is responsible for developing, managing, updating, and administering the TennCare pharmacy formulary and review criteria.

Table 2 below describes medication use by the sickle cell population:

TABLE 2 – Medication Use by TennCare Enrollees with Sickle Cell Disease in 2020[5]			
Calendar Year	**Number of Enrollees Receiving Prescriptions**	**Percentage of Enrollees Receiving Prescriptions**	**Average number of Prescriptions for Enrollees**
2020	1,128	86.2%	21.5

[5] Data from TennCare medical claims for CY 2020.

Table 3 describes opioid use by the sickle cell disease population:

TABLE 3 – Opioid Use by TennCare Enrollees with Sickle Cell Disease in 2020[6]				
Calendar Year	**Number of Enrollees Receiving Opioids**	**Percentage of Enrollees Receiving Opioids**	**Number of Opioids Prescribed**	**Total Cost**
2020	574	43.9	220,467	$170,030

Among SCD patients, vaso-occlusive crises are recurrent and unpredictable attacks of acute pain. These pain crises are often treated with prescription analgesics, including topical and oral non-steroidal anti-inflammatory drugs and opioids. Each of these treatments are available for enrollees experiencing acute pain crisis and related and recurrent pain syndromes stemming from SCD progression.

TennCare provides additional accommodations for enrollees with sickle cell related to the opioid benefit. Enrollees with sickle cell can often experience acute pain crises and live with chronic pain related to their disease. All enrollees with sickle cell disease can access up to a 45-day quantity of 60 Morphine Milligram Equivalents (MME) of opioids per day in any 90-day period for acute pain management. Additionally, enrollees with sickle cell experienced in opioids for the management of chronic pain are eligible to exceed the daily opioid threshold as prescribed by their provider up to 200 MME per day indefinitely with periodic review for ongoing medical need.

TENNCARE SICKLE CELL DISEASE POPULATION HEALTH AND CARE COORDINATION

TennCare provides a robust Population Health program through its Managed Care Organizations (MCOs) for all enrollees, and especially enrollees with sickle cell disease, to help coordinate care and support clinical needs.

Population Health and Care Coordination Programs

TennCare's Population Health program provides additional clinical support and care coordination for enrollees across the entire care continuum to offer health education and promote healthy behaviors and disease self-management. For enrollees who have additional needs, they can receive care coordination and robust care management services through MCO care managers who help them access additional needed services. MCOs evaluate the entire enrollee population, according to the enrollee's clinical risk, which are based on predictive modeling from medical diagnoses and service utilization. Enrollees can be engaged in care management through referrals, utilization management data, and health risk assessment results.

[6] Data from TennCare medical claims for CY 2020.

Initial health assessments for every enrollee are offered and conducted with the enrollee within ninety days of an individual becoming a TennCare enrollee. These health assessments help TennCare enrollees learn about their potential health risks and partner with their MCO to receive the services and clinical care to help them address these risks. The information collected from these assessments is used to connect individual enrollees with appropriate intervention approaches and maximize the impact of the services provided.

Using all of these clinical inputs, MCOs are able to stratify all of their enrollees into different risk level programs ranging from minimal clinical risk to high clinical risk. Each risk-level then have targeted supports that match their risk level and identified needs.

- ***Low Risk*** (Wellness): enrollees with no identified health risks
- ***Medium Risk:*** includes enrollees with rising risk and chronic health care needs, as well as low risk maternity
- ***High Risk****:* includes enrollees with high-risk needs (complex case management and chronic care management), as well as high risk maternity

ENROLLEE STORY

An adult TennCare enrollee with sickle cell disease was referred to an MCO for care management due to frequent emergency room utilization. An MCO Nurse Care Manager (CM) quickly engaged with the enrollee to support assess the clinical risk and learned from the enrollee that the multiple visits to the ER were due to sickle cell crises exacerbated by dental pain.

The enrollee's medical history included multiple oral infections due to dental caries and poor oral health. The Nurse CM helped coordinate care for the enrollee to receive an evaluation by an oral surgeon with the University of Tennessee. The plan of care developed with the surgeon included oral surgery to remove impacted teeth. However, these services were denied because TennCare adults do not have access to dental coverage.

The Nurse CM presented the enrollee's case during the MCO's integrated treatment rounds for evaluation by the entire care management team. After review, the care team agreed that the oral surgery would reduce the frequency and acuity of the individual's sickle cell crises and subsequent trips to the ER. The MCO was able to approve the oral surgery procedure as "cost-effective alternatives". The CM worked with the enrollee's primary care provider and oral surgeon to ensure the enrollee received the surgery.

After surgery, the enrollee experienced significantly improved health and reduced pain episodes. The enrollee remains engaged with the primary care doctor and is better managing the sickle cell condition. Additionally, the visits to the ER have decreased as well.

Enrollees with sickle cell disease are included into the stratification along with the entire population. Individuals with sickle cell disease are stratified in the medium-risk or high-risk programs reflecting their underlying sickle cell disease and the accompanying chronic conditions.

Care Coordination is impactful for sickle cell disease enrollees as it assists with acute healthcare needs, health service needs, or risks which need immediate attention. The goal of Population Health and Care Coordination Services is to make sure enrollees get the services they need to prevent or reduce an adverse health outcome. The care management team can also work with an enrollee's primary care provider to help communication with specialists and other care providers in order to provide wrap around care and support for the enrollee.

Clinical care coordination teams generally consist of a Nurse Case Manager, Behavioral Health Case Manager, Behavioral Health Peer Support, Social Worker, Dietitian, Health Educator, Long

Term Services and Supports Care Coordinator, Pharmacy Specialist, Medical Director, Health Navigator, and Enrollee Resource Coordinator.

Patient Outreach and Engagement

TennCare utilizes a variety of methods to conduct outreach to enrollees. The MCOs outreach to individuals telephonically, by interactive voice response (IVR), secure enrollee portals, and by mail. MCOs also conduct face-to-face interactions, Zoom teleconference calls, and text messaging when appropriate and with enrollee consent. MCOs also partner with providers in a collaborative effort to reach or re-engage individuals. TennCare provides the ability for an enrollee to speak with a registered nurse 24-hours a day who can help them find doctors, schedule appointments, get to urgent care centers or walk in clinics, or speak directly with a doctor's office about their health care needs.

ENROLLEE STORY

The Vanderbilt Sickle Cell program has a collaboration with the Matthew Walker Clinic to offer a Saturday Sickle Cell Disease clinic. The Saturday clinic provides an opportunity for working parents or school-aged children to get their sickle cell care without missing school or work.

One MCO's Case Manager (CM) had noticed that a high-risk 14 y.o. enrollee with sickle cell disease and severe asthma had missed several primary care and sickle cell appointments. The child was in the custody of his great aunt who had transportation needs. The MCO CM worked with the Vanderbilt Children's Hospital (VCH) care manager to reach out to the family to arrange for an appointment at the Saturday clinic and coordinated a ride for the enrollee. Additionally, the MCO CM went to meet the enrollee and his aunt face-to-face at the appointment.

At the appointment, the enrollee received care for both the SCD and asthma issues as well as medication refills. Working together with the VCH CM, the MCO CM helped develop a SC and Asthma Action Plan with the enrollee to increase understanding of the use of inhalers and discuss strategies to remember to take the medications. Medication compliance had been a big barrier for the enrollee. Additionally, the enrollee was able to discuss strategies and medications to prevent a SCD flare-ups as well. The MCO CM also developed a follow-up plan to check in on the enrollee and family periodically, which they requested.

At a minimum, enrollees in a medium-risk category receive at least four communications each year, addressing self- management education that increase their knowledge of the chronic health condition. These communications emphasize the importance of medication adherence and appropriate behavioral changes, the management of the emotional aspect of their health condition, and self-efficacy and support. MCOs also offer individual support for self-management if the enrollee desires it, including health coaching and a 24/7 NurseLine. Medium-risk enrollees that would like engagement with a care manager can also opt-in to care management and receive interactive support.

Enrollees in the high-risk program receive intensive care coordination. Monthly interactive contacts by the MCO address the development of a supportive enrollee and health coach relationship, disease specific management skills, development and implementation of an individualized care plan, problem solving techniques, self-efficacy, and referrals to link the enrollee with medical, social, educational, and other programs and services to address any identified needs.

Enrollees can also opt-out of any of these care coordination programs if they choose.

Support for Non-Medical Risk Factors

TennCare MCOs use a variety of supports to assess for non-medical risk factors. Enrollees are screened for social determinants of health needs during interactive contacts. When needs are identified, specific referrals and resources are provided to begin addressing identified needs.

MCOs also use Online Social Services Search Engines and Portals. These SDOH platforms provide an online directory of social service organizations that can be accessed by Case Management as well as by enrollees and providers. Individuals can search for free and reduced cost services by zip code. Service domains include food, housing, education, transit, and legal support. Each domain contains sub-categories to address specific needs such as skills and training, utility assistance, and food delivery.

ENROLLEE STORY

An MCO Nurse Case Manager (CM) in the Nashville area was working with a 38-year-old female with multiple clinical diagnoses including leiomyoma of uterus, chronic back pain, anemia, and sickle cell anemia. The MCO CM had reached out to the enrollee to offer a health risk assessment given the complex medical history.

When the MCO CM first spoke with the enrollee, she noted that she was currently seeing a physician but only receiving care for uterine leiomyoma and heavy periods. The CM, as part of the health-risk assessment, identified that the enrollee was diagnosed with Sickle Cell Anemia as a child but had little insight into managing her anemia and sickle cell disease and preventing sickle cell pain crises. The CM began working with the enrollee , providing educational material regarding how to self-manage her pain. The CM also discussed how to find a primary care provider and how to work with her PCP to create an SCD pain crisis plan. The CM provided several more health coaching sessions about sickle cell disease and how to manage her condition.

After several follow ups, the enrollee was able to verbalize the importance of early reporting of the signs and symptoms of a sickle cell crisis. She also developed a plan incorporating an appropriate diet and fluid intake to help better manage her disease process. Lastly, the enrollee described the steps she had taken to be more compliant with the treatment plan that was designed by her provider for the sickle cell anemia. This enrollee continues to engage with the CM and work towards meeting all her goals to better manage her health for both the uterine leiomyoma and sickle cell anemia.

Non-emergency medical transportation (NEMT) is a covered benefit for TennCare enrollees attending an approved service that helps provide access to care. The program offers three levels of service, curb-to-curb, door-to-door, and bed-to-bed. NEMT includes pharmacy visits to pick up prescriptions. The MCOs have utilized innovative solutions to offer on-demand rides for enrollees with certain NEMT needs. For example, the MCOs have partnered with ride-sharing companies to offer on-demand ride shares (e.g., Lyft) in addition to traditional NEMT transportation options to better meet the needs of SCD enrollees when SCD clinics identify transportation needs for their patients.

ADDITIONAL MCO-SPECIFIC INITIATIVES FOR SICKLE CELL DISEASE

In addition to the programs described above that all TennCare MCOs provide, each MCO has specific care coordination programs to ensure appropriate access to care and improved health outcomes for individuals with sickle cell disease.

Amerigroup Community Care

Amerigroup offers a Pediatric Sickle Cell Outreach Program for newly identified enrollees between the ages of 0-20. Amerigroup provides outreach on a quarterly basis to identify any needs and barriers to care and enrolls these individuals in Care Coordination or Complex Case Management as appropriate by identified needs. Amerigroup also has a Reconnection and Advocacy Program in which its ER Diversion team identifies enrollees with sickle cell disease with high ED utilization and performs outreach for this population.

The Adult Sickle Cell Preferred Provider Program supports secondary and tertiary prevention interventions based on a comprehensive, multidisciplinary approach. Amerigroup collaborates with preferred providers to achieve program goals and objectives and links all enrollees to preferred providers or Sickle Cell Centers of Excellence.

Anthem Community Care Coordination (A3C) is a program addressing enrollee's social determinants of health needs utilizing a face-to-face approach in conjunction with Preferred Community Health Partners (PCHP). The A3C team provides in-person engagement with a Community Health Worker (CHW) or social worker to address social risk factors for enrollees with sickle cell disease. Field-based CHWs and social workers engage with the enrollee over a period of 30 to 90 days to complete a comprehensive assessment to identify gaps and needs, schedule follow-up appointments, connect the enrollee with their PCP, support adherence to discharge orders, and link with appropriate community resources.

BlueCare Tennessee

BlueCare Enrollees with sickle cell disease are engaged by a Case Manager who develop specific care plans that include education to the enrollee on knowledge of the disease process as well as self-management care. The care plans address pain management, crisis management, resources and supports available, genetic counseling, and adhering to their treatment plan. Healthwise Coach education materials are also available to enrollees. Case Managers also assist with connecting enrollees to their PCP as well as a sickle cell disease treatment team to optimize care and avoid overutilization of emergency room services and hospital readmissions. For hematology or other specialist appointments, support is available for locating specialists in the enrollee's geographic area, assisting with making appointments, and arranging transportation if needed. Enrollees may also be referred to a Behavioral Health Case Manager to address pain management and potential substance use disorders.

UnitedHealthcare Community Plan of Tennessee

UnitedHealthcare has established a Clinical Champion for sickle cell to enhance partnerships with community-based organizations who serve sickle cell enrollees. Through engagement with The Sickle Cell Foundation of Tennessee, United's vision is to establish a more robust collaboration with statewide sickle cell disease centers. In January 2022, UnitedHealthcare will deploy a pilot program with Mindoula to a cohort of more than 50 non-pregnant individuals

with sickle cell disease in Shelby County. The Mindoula sickle cell disease program will employ technology-enabled care extenders to deliver around-the-clock care coordination, psychosocial support, and skills training and mentoring to the cohort. This is one example of several other community partnerships that are focused on enrollees with sickle cell disease.

TENNCARE COLLABORATIONS

Tennessee and TennCare has a robust network of committed sickle cell disease providers. The sickle cell provider network in Tennessee participates in a CDC-funded surveillance program for Sickle Cell Disease. Tennessee is one of only eleven states in the nation who are participating in this effort (https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-data.html). This program provides a link between the CDC and the TN provider community in coordinating efforts to collect and share data from multiple sources with a goal of improving gaps in knowledge about SCD care. TennCare is a supporter of these data collection efforts and will continue to identify opportunities learned from the Data Collection efforts to improve care for its members.

TENNCARE OPPORTUNITIES

As outlined above, TennCare provides a comprehensive and robust coverage for any enrollee with sickle cell disease. Enrollees can receive all clinically indicated medications, treatments, and services through their MCO or the pharmacy benefit. Additionally, through add-on services provided by TennCare's MCO population health teams, enrollees can access programs and services that further meet the needs of enrollees with SCD and optimize their clinical outcomes. Opportunities do still exist to improve the health outcomes of enrollees with SCD and better support cost-effective care for these enrollees.

Enrollees with sickle cell often have multiple chronic medical diagnoses that increase the clinical risk and complexity of their medical journey. Ongoing education efforts for enrollees and their families about how best to manage their sickle cell disease holistically across all of their chronic conditions can also support improved outcomes. TennCare and its MCOs have developed robust outreach systems, as outlined in the report, to educate enrollees with SCD about management of their disease. Certainly, there remain opportunities for ongoing outreach to enrollees to further provide education, supports, and care coordination for their needs

From a medical utilization standpoint, emergency room visits and hospital admissions for vaso-occlusive crises remain an ongoing challenge for individuals with SCD and a costly site of care for TennCare as evidenced by the data. Having consistent utilization of preventive services and consistent connections between the enrollee and their primary care physicians and hematologists are critical to reducing these acute events. TennCare and its MCOs have the continued opportunity to increase connections between the MCO care coordination team and the provider community to ensure that enrollees can access all of the services and supports for which they are eligible. TennCare's MCOs can and should play an ongoing role in encouraging

improved communication and coordination between TennCare primary care physicians and specialists to help prevent some of these crises.

Continuing to focus on how TennCare, the MCOs, and the sickle cell provider community can continue strong partnership especially in ensuring members access care will be an ongoing goal and opportunity. Increased communication and integration between TennCare MCO's clinical programs and the provider community will remain a focus in the upcoming year. These efforts will include coordination of mental health services, especially considering how significantly depression and anxiety can increase overall health care utilization.

Additionally, an important transition point occurs when as an enrollee gets older and progresses from childhood to adulthood. TennCare's MCOs are identifying opportunities to better support this transition as adult sickle cell disease enrollees begin to identify new adult primary care providers and specialists to continue their care. Supporting providers and specialists through warm handoffs and strong care coordination at these key inflection points is a focus and continued opportunity for the MCOs and their population health programs targeted at enrollees with SCD.

An additional area of focus in the upcoming years will be on efforts to better address non-medical risk factors that can have an outsized impact on an enrollee's health and health outcomes. As described earlier in the report, food security, transportation needs, health literacy can all impact the care of an enrollee and on an enrollee's utilization of care. Many innovative solutions to address non-medical risk factors have been deployed by TennCare and there is an important opportunity to leverage these solutions for enrollees with sickle cell disease as well with a particular emphasis on transportation needs.

Lastly, with the increasing and potentially promising clinical pipeline for therapeutic and curative treatments for sickle cell disease, TennCare's pharmacy program will continue to leverage its pharmacy program to ensure thorough and efficient review of new medications. The TennCare pharmacy program will continue to ensure timely access to optimal medications and treatment and to identify opportunities to learn more from pharmaceutical and clinical leadership.

RECOMMENDATIONS TO THE LEGISLATURE

TennCare has solicited input from multiple stakeholders and incorporated their feedback into this report. TennCare also remains committed to receiving ongoing feedback from the legislature, providers, pharmacy industry, patient advocates, and enrollees specifically in reaction to this report or regarding any additional feedback related to sickle cell disease. At this time, TennCare does not recommend any specific legislation with respect to the needs of TennCare enrollees with sickle cell disease. Many of the opportunities highlighted in this report already have targeted initiatives underway or can continue to be accomplished through partnerships with the provider community. TennCare is eager to focus its continued efforts to address areas of improvement that have been identified by enrollees and sickle cell providers.

The structure of the TennCare program will readily allow TennCare to continue to make significant strides to accomplish these efforts in partnership with its enrollees and providers.

TennCare will update this report on an annual basis and remains deeply committed to its mission to provide high-quality, cost-effective care for all Tennesseans, including those with sickle cell disease.