Name of Meeting: Pharmacy Liaison Committee

Date of Meeting: December 5, 2019

Length of Meeting: 10:00 AM - 12:00 PM

Location of Meeting: DMAS 1301 Board Room

### **Committee Members Present:**

William Droppleman, Virginia Association of Chain Drug Stores (VACDS) Christina Barrille, Virginia Pharmacists Association (VPhA) Alexander M. Macaulay, EPIC Pharmacies Richard Grossman, PhRMA Bill Hancock, Long Term Care Pharmacy Coalition

# **DMAS Attendees:**

Karen Kimsey, Agency Director Chethan Bachireddy, MD, Chief Medical Officer Donna Proffitt, RPh, Pharmacy Manager Rachel Cain, PharmD MaryAnn McNeil, RPh Danielle Adeeb, CPhT

### **Other Attendees:**

Rusty Maney, Walgreens
Jill McCormack, NACDS
Jodi Roth, VACDS
Rick Shinn, Virginia Community Healthcare
Association
W. Scott Johnson, Hancock, Daniel, & Johnson, PC
Howard Estes, Spots Fair
Bill Cropper, VACDS/Rite Aid

Kate Baker, VACDS
Kristi Fowler, UHC
John W. Seymour, VPhA
Karen Winslow, VPhA
Doug Gray, VAAP
Karin Addison, Troutman Sanders Strategies

#### **Introductions**

Donna Proffitt welcomed everyone to the meeting and asked everyone in attendance to introduce themselves.

# **Approval of Meeting Minutes from July 2019**

Ms. Proffitt asked if there were any corrections, additions, or deletions to the draft meeting minutes from July 2019. With none noted, the Committee approved the minutes.

### **Old Business**

# **Medicaid Expansion Update**

Karen Kimsey, Agency Director, gave a brief summary on Medicaid expansion. Effective January 1, 2019, low-income adults living in Virginia had access to quality, low-cost, health insurance

through Virginia Medicaid. The new adult covered group includes individuals ages 19-64 with income at or below 138% of the federal poverty limit. This includes individuals who have not been eligible for Medicaid in the past. Virginia has enrolled approximately 400,000 Virginians under Medicaid Expansion since January 1, 2019.

# Managed Care Pharmacy Benefit Manager (PBM) Transparency Report Update

The legislatively mandated PBM transparence report was completed and posted on the Virginia Legislative Information System (LIS) at <a href="https://rga.lis.virginia.gov/Published/2019/RD593/PDF">https://rga.lis.virginia.gov/Published/2019/RD593/PDF</a>. Ms. Proffitt shared the following summary from the report:

- For the 18-month observation period, the total number of claims where the reported MCO payment was greater than the amount paid to the pharmacy as a relative percentage of all claims was 9.91% (1,649,905 claims) while the average amount per claim was \$17.58.
- The total amount reported in payment above the amount paid to the pharmacy (spread) was \$29,000,276.00.
- Compared to the Agency's initial report and analysis in 2017, this current report utilized more complete claims data (97% versus 73%) due to improvements in data reporting.

Ms. Proffitt also acknowledged that this an annual report that will be completed by DMAS again in 2020.

# Virginia's Pharmacy Cost of Dispensing Survey Update

Virginia's state plan amendment for pharmacy reimbursement requires DMAS to conduct a cost-of-dispensing (COD) survey every five years. The last COD survey was conducted in 2014, so DMAS contracted with Myers and Stauffer LC to conduct the 2019 COD survey over the summer/fall of 2019. The COD survey followed the methodology used by Myers and Stauffer in the DMAS 2014 survey. Myers and Stauffer sent the survey tool to 1457 pharmacies enrolled with Virginia Medicaid's fee-for-service program. It received 683 responses from "chain" pharmacies (67% response rate) and 61 responses from "non-chain" pharmacies (16.7% response rate). Myers and Stauffer has provided DMAS with a draft report that is currently under review by DMAS. Ms. Proffitt shared that preliminary COD data is similar to the data collected in 2014. Once the report is finalized, it will be posted on the DMAS website. (Follow-up post meeting: The final report can be accessed at <a href="http://dmas.virginia.gov/files/links/5205/VA">http://dmas.virginia.gov/files/links/5205/VA</a> 2019 COD Report.pdf)

### **SBIRT & Pharmacist Credentialing**

# **Screening, Brief Intervention and Referral to Treatment (SBIRT)**

Several Committee members participated in a discussion on how pharmacists can affect the opioid epidemic including expanding the number of pharmacists conducting SBIRT screening. Although DMAS will reimburse pharmacies for SBIRT, the current FFS billing process does not allow pharmacist to bill through pharmacy point-of-sale systems and the DMAS managed care health have not established billing processes for pharmacists.

Ms. Proffitt noted there are significant challenges for reimbursing pharmacists for SBIRT since pharmacists are not recognized as providers; therefore, establishing a path to credential and enroll pharmacists continues to be problematic. The Committee discussed possible solutions that might be feasible if DMAS is successful in securing one of the CMS SUPPORT Act Planning Grants designed to increase SUD provider capacity.

Ms. Proffitt also shared that a recent conversations with Robert DiCenzo, dean for Shenandoah's School of Pharmacy focused on designing models to support SBIRT. Dean DiCenzo suggested replicating the model of pharmacist administered influenza vaccine programs and is eager to support efforts to expand SBIRT by pharmacists.

# **Cost-Effective Pharmacy Benefit Delivery Model Report**

The 2019 Virginia Acts of Assembly 307.EE directed DMAS to "evaluate and determine the most cost-effective pharmacy benefit delivery model, taking into account cost savings and other considerations such as clinical benefits, for all programs managed or directed by the Department." Ms. Proffitt shared that DMAS contracted with its actuary, Mercer, to conduct the analysis and draft the report. The report focused on three delivery models: 1) pass-through pharmacy reimbursement for all PBMs providing services for Medicaid member (prohibit spread-pricing reimbursement), 2) fee-for-service program providing the pharmacy benefit for all members including those enrolled in managed care (pharmacy carve-out) and 3) state mandated pharmacy reimbursement utilizing FFS reimbursement methodology. The final report was delivered to the Chairmen of House Appropriations and Senate Finance Committees on November 27, 2019. The report is posted on the Virginia LIS at <a href="https://rga.lis.virginia.gov/Published/2019/RD610/PDF">https://rga.lis.virginia.gov/Published/2019/RD610/PDF</a>

#### **New Business**

#### **CMS Other Licensed Practitioner Waiver**

Ms Christina Barrille, Executive Director, Virginia Pharmacists Association (VPhA), spoke to the Committee and DMAS staff about the possibility of allowing Clinical Pharmacist Practitioners to enroll directly as Medicaid providers, which allows them to directly bill and to receive direct payment. By expanding the ability of pharmacists to prescribe, modify, or monitor drug therapy for certain medications may be effective at helping to address public health issues by improving access to care.

### **Next meeting**

The next PLC Meeting is scheduled for Thursday, July 16, 2020 10AM-12PM.

The meeting was adjourned at 11:50 AM.