

Name of Meeting: Pharmacy Liaison Committee
Date of Meeting: July 13, 2023
Length of Meeting: 10:00AM – 12:00PM
Location of Meeting: DMAS – Conference Room A & B 1st Floor

Committee Members Online:

David Christian - Virginia Community Healthcare Association (VCHA)
Richard Grossman - Pharmaceutical Research and Manufacturers of America (PhRMA)
Bill Hancock – Long Term Care Pharmacy Coalition
Karen Winslow - Virginia Pharmacists Association (VPhA)
John Seymour – Independent Pharmacies

DMAS Staff Present:

Lisa Price-Stevens, MD, CMO
MaryAnn McNeil, RPh, Pharmacy Manager
Rachel Cain, PharmD
Kiara Jasper, MHA, CPhT
Ruth Mulky
Janice Holmes
Sherry Sinkler-Crawley

Other Attendees:

Crista Christian-Sullivan, VDH, Director, Virginia Vaccines Supply and Assessment
Laurie Mauthe, Anthem Health keepers
Christy Gray, VDH, Director, Division of Immunization

Introductions

MaryAnn McNeil welcomed everyone and asked the Committee members to introduce themselves.

Call to Order

Approval of Meeting Minutes from December 1, 2022

Maryann McNeil asked if there were any corrections, additions, or deletions to the draft meeting minutes from December 2022. With none noted, David Christian made a motion to approve the minutes and Bill Hancock seconded the motion.

Charge for the Committee

Ms. McNeil reviewed the charge of the Committee as stated below.

The 2022 Appropriation Act, Item 304. L. The Department of Medical Assistance Services shall implement continued enhancements to the drug utilization review (DUR) program. The department shall continue the Pharmacy Liaison Committee and the DUR Board. The department shall continue to work with the Pharmacy Liaison Committee, meeting at least semi-annually, to implement initiatives for the promotion of cost-effective services delivery as may be appropriate. The department shall solicit input from the Pharmacy Liaison Committee regarding pharmacy provisions in the development and enforcement of all managed care contracts. The Pharmacy Liaison Committee shall include a Department of Medical Assistance Services Department of Medical Assistance Services Pharmacy Liaison Committee Meeting representative from the Virginia Community Healthcare Association to represent pharmacy operations and issues at federally qualified health centers in Virginia. The department shall report on the Pharmacy Liaison Committee's and the DUR Board's activities to the Board of Medical Assistance Services and to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees and the Department of Planning and Budget no later than December 15 each year of the biennium.

Pharmacist As Providers:

Ms. McNeil shared as of today, 26 states have signed into law payment for pharmacist-provided patient care services and/or the designation of pharmacists as providers. There was an Act to amend and reenact § 32.1-325 via SB 1538 during 2023 General Assembly. Enrolling pharmacists as providers will create a pathway for payment for services provided or supervised by a pharmacist and E&M codes will be utilized for payment model.

The proposed services using Board of Pharmacy protocol include; Lowering Out of Pocket Expenses, Tobacco Cessation, PEP & PrEP, Vaccinations, Prenatal Vitamins, Naloxone, Epinephrine, Family Planning Contraceptives (Access to 12 month supplies as authorized by DMAS), and Dietary Fluoride.

The Financial Impact Assessment Form submitted by DMAS during GA 2023 indicated budget neutrality/cost savings based on site of service (Expected shift of services billed from existing provider types).

Pharmacists may bill for the medication at POS and the E&M code on 1500 or 837P form.

The key collaborative processes of information collection, DMAS system changes, Pharmacy Unit updates and community outreach were discussed. Future opportunities for collaboration include quality improvement, vaccines for children program with VDH, and the DMAS ARTS team.

Member Eligibility Revalidation: Unwinding

Ms. Sherry Sinkler-Crawley shared the background, preparations, and partnerships of Medicaid's continuous coverage requirements.

States were required to maintain enrollment of Medicaid members (enrolled as of March 18, 2020) to receive the additional 6.2% increase until the end of the month in which the federal Public Health Emergency (PHE) ends.

Since March of 2020, DMAS and DSS have closely collaborated to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and DSS began planning in mid-2020 for the eventual unwinding. This close partnership has continued throughout the PHE to ensure all efforts were made to utilize available resources throughout the return to normal transition.

Unwinding Taskforce: Secretary Littel convened a monthly unwinding taskforce beginning in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General.

In July 2022, the taskforce was expanded to include Senate and House finance staff and the Department of Planning and Budget per a General Assembly mandate.

In December 2022, the Consolidated Appropriations Act (CAA) was signed into effect decoupling the PHE from the continuous coverage requirement effective March 31, 2023:

- Stepped down the enhanced FMAP beginning April 1ST, phasing out the enhanced match December 31, 2023.
- CMS requires that states have an approved mitigation plan – or approval not to submit a mitigation plan by March 31, 2023. States that did not receive this approval face the loss of enhanced FMAP, restrictions on taking actions to close enrollments, and delayed redetermination timelines.
- Virginia was one of 44 states required to submit a mitigation plan. DMAS received CMS approval on March 29, 2023.

While June marks the fourth month of unwinding, the first month renewals were due in Virginia was May 2023. Redeterminations that were received in April were processed, however, April did not include closures for failure to return Medicaid renewal packets. As of 06/20/2023, 61,693 members were closed for non-procedural reasons (ineligible) and 37,409 members were closed for procedural reasons (did not return a renewal form or verifications needed to determine eligibility). This total is through unwinding out of the 2,188,381 members identified in the unwinding cohort.

The highest closures happened among non-ABD adults (LIFC/Expansion), followed by children, and then those in limited coverage (MSP/Plan First/Incarcerated Coverage/Emergency Medicaid). Non-procedural closures outweighed procedural closures in every category.

Ongoing outreach campaigns to include mailings to 1.1 million households, radio, television, and social media campaigns, and dedicated pages across three websites. Development of four stakeholder toolkits, 18 outreach templates, 60 provider memos,

and engagement through speaking events and eight public townhalls to nearly 1000 different stakeholder groups.

Return to Normal Operations Summit held on March 8, 2023, for over 300 stakeholders in partnership with the Department of Social Services (DSS), Virginia Association of Health Plans (VAHP), Virginia Poverty Law Center (VPLC), Virginia Health Care Foundation (VHCF), and the State Corporation Commission (SCC).

Executed agreement with the six health plans for targeted member outreach across all modalities. Implemented new data sharing processes to include addresses, closures, and closure reason. An additional agreement in place for outreach to members in the fee-for-service population.

Ms. Sinkler-Crawley and Ms. Holmes shared the following information and resources;

- **Member and Stakeholder Resources and Material** can be found on the Cover Virginia, Cubre Virginia, and DMAS websites. The Return to Normal Enrollment page on each site contains toolkits, information, and resources for members, providers, and other stakeholders. to learn more about Virginia's preparation and important updates.
 - DMAS Website: <https://www.dmas.virginia.gov/covid-19-response/>
 - Cover Virginia Website: <https://coverva.dmas.virginia.gov/return-to-normal-enrollment/>
 - Cubre Virginia Website: <https://cubrevirginia.dmas.virginia.gov/return-to-normal-enrollment/>
- **The Renewal Status Dashboard** can be found on the DMAS site under the Data tab that tracks the progress toward redetermining Virginia's Medicaid population on a monthly basis.
 - The dashboard can be found at <https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/>
- **Legislator Resources and Information** can be found on the DMAS website at: <https://www.dmas.virginia.gov/about-us/legislative-office-resources/>
 - New dashboards are available which provide enrollment data by Virginia State House and Senate districts as well as Congressional districts.

CURES Compliance:

Ms. McNeil gave a summary and update on DMAS, Gainwell, and the MCOs collaboration on CURES Compliance. Ms. McNeil has worked with DMAS, PRSS, MCO Pharmacy Directors to align programs with CMS CURES Compliance requirements. All pharmacies are set to be compliant by September 1, 2023.

Vaccines for Children Program:

Ms. Christy Gray gave an overview and update on the Vaccines for Children Program. The Vaccines For Children (VFC) program is a federally funded program that provides

vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

This federal program was established to help raise childhood immunization rates in the United States and to provide equal access to vaccines. The VFC Program provides publicly purchased vaccines for eligible children at no cost to the participating health care provider. Children who are eligible for VFC vaccines are entitled to receive vaccines that are recommended by the Advisory Committee on Immunization Practices. Children **0 through 18 years of age** who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Current Medicaid enrollee;
- Children with NO health insurance;
- Native American or Alaska Native;
- Children who are underinsured are eligible at an FQHC or RHC only

Funding for the VFC program is allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). CDC buys vaccines at a discount and distributes them to state health departments, which in turn distribute them at no charge to enrolled VFC providers. Limited funding available each year, thus VDH is unable to enroll all interested providers in the VFC program. VDH is developing a protocol to help guide us if an interested pharmacy should be enrolled. VFC is managed by VDH's Division of Immunization (DOI). Through utilization of private and public providers, the Virginia VFC (VVFC) program and DOI reduce barriers to immunizations. DOI supplies federally and state purchased vaccines at no cost to public and private health care providers. The vaccine supplied by DOI is supplied at "no cost" to enrolled providers. The entitlement program is associated with each State's Medicaid plan.

Ms. Gray listed and discussed the multitude of requirements set by CDC to enroll as a provider in VFC. There are **711** VFC providers sites in Virginia, with the majority being private practices.

Also, Ms. Gray shared the following from VDH's and DMAS' collaboration on this project;

- Pilot last fall: VDH enrolled one retail chain pharmacy in Northern Virginia. This store only offered flu vaccines through VFC.
- Billing for VFC vaccines in the pharmacy setting had not been done before in Virginia, thus VDH and DMAS worked together to set up a process.
- **Current process:**
 - VDH notifies DMAS of new pharmacy enrollees and which vaccines they would like to offer through VFC.
 - DMAS works directly with the pharmacy to set up billing of Medicaid for VFC vaccines in the POS systems.
 - Pharmacy bills DMAS for vaccine administration fee only.

Other Business

Next meeting is scheduled for December 7, 2023

Adjournment

The meeting adjourned at 10:44 a.m.