



Act 292 of the 2022 Regular Legislative Session

Council on Medicaid Pharmacy Reimbursement

Wednesday, February 7th, 2023

9:00 a.m.

Bienville Building

Room 118

628 N. 4th Street

Baton Rouge, LA 70802

Name	Committee Attendance	Attendance
M.J. Terrebonne	Pharmacist (Senate Committee on Health & Welfare)	Present
Kim Wixson	Louisiana Pharmacists Association	Present
Nikki Hollier	Louisiana Board of Pharmacy	Present
Melwyn Wendt	Louisiana Department of Health	Absent
Dana Antoon	Louisiana Board of Pharmacy	Absent
Dr. Stewart Gordon	Physician (Senate Committee on Health & Welfare)	Present
Doug Boudreaux	Pharmacist (House Committee on Health & Welfare)	Present
Randal Johnson	Louisiana Independent Pharmacies Association	Present
Dr. Wanda Thomas	Physician (House Committee on Health & Welfare)	Present
Jeff Gaude	National Association of Chain Drug Stores	Present
Pam Reed	LA Alliance of Retail Pharmacies	Present

- **Call to order**
 - The meeting was called to order at 9:15 a.m. by M.J. Terrebonne
- **Introductions and Quorum Determination**
 - The roll was called by M.J. Terrebonne and a quorum was confirmed.
- **Review and approval of January 11th meeting minutes**
 - Dr. Gordon moved to approve the minutes and Randal Johnson seconded the motion. The minutes were approved with no objection.
- **Follow-up on council letter to Secretary Phillips**
 - The council sent the letter to Secretary Phillips via email on January 18th and copied Medicaid Executive Director. Kolynda Parker stated there is no update regarding the letter and MJ should follow-up with the Secretary.

- **Vaccine Counseling Update**

The department reviewed, supports implementation, and are working on an implementation timeline. Randal Johnson asked if they need anything from the pharmacists.

- LDH provided a response and said if they need any help they will reach out.

- **Data requested by the Council**

- Randal Johnson asked is there anything we can see where we can help pharmacist with training. Are there DUR edits on some particular drugs? The goal is to be proactive and reduce the matter of time.

- Nikki Hollier asked is there any intent from LDH to look at the number of DUR edits and minimize. It seems like its growing bigger. It seems like in the last six months if a patient is on Buspar and have any other type antidepressant or antianxiety medication you will get a DUR edit. This takes up time and energy. I received a DUR reject on yesterday and patient had to wind up paying cash. DUR's are out of control. There's too many. This is a two-headed monster which is causing delays.

- LDH Response: DUR happens in multiple venues. CMS pushes down a lot. Some DUR edits are software packages. To get to specific issues, we need to go back and do some research. Some things we do not have control over. Let us go back and research.

- MJ asked if there are overrides in place.

- LDH Response: We have overrides in place

- Nikki Hollier said, we try every possible combination of DUR codes and nothing works and every time we hit submit, there's a fee associated with this. Are there any plans by the department to avoid duplications?

- Doug Boudreaux said, we have to make 12 dollars even to make a profit, every rejection makes prescriptions cost more. We are losing money every time we fill a Medicaid prescription.

- Kim Wixson said, one of the most effective things is when we get the rejection the first time; if the rejection is detailed, why it's rejected and what the resolution is, this would save time, money, and educate the technician at the same time. It would also decrease the delay in patient care.

- LDH Response: If you provide us with examples of claim issues, this would help.

- Randal Johnson said, it's easy to get in touch with a brick and mortar pharmacy. Ask the board staff how they see they can handle the inspection. Those pharmacies are permitted and their pharmacist are licensed in Louisiana. For this provider fee to be

recognized by CMS it has to be broad-based and uniform. Randal wants the LABP to come up with a solution for the provider fee.

- LDH Response: The provider fee is not “Medicaid” it is handled by LDH fiscal department.

- **Pharmacy Program Report Discussion**

- MJ said, I thought perhaps we could discuss some uniformity. What would the council like to look at on some frequency? This is open for discussions if anyone has any recommendations they would like to see. MJ wants to see the SIN (Single source, Innovator and Non-Innovator) report. How often do you review the SIN report?
 - LDH provide a response: We pull the SIN report when Randal requests.
- Nikki Hollier said, you can't improve what you don't measure. You need actual data and facts. If we are going to effectively serve the purpose of this committee, we need actual facts and data to make determinations and recommendations. I know this is overwhelming but I think it will improve the whole program.
- MJ asked the council what reports would they like to see on a regular basis.
 - Fiscal Year – Number of Rx's that are paid, Amount Reimbursed, SIN Report, Federal Rebates, State Supplemental Rebates, Brand Over Generic,
- Randal Johnson said, are we improving the health outcomes? What kind of encounter are they having?
- MJ said, currently, do MCO's report on healthcare outcomes?
 - LDH provided a response and said, we have a list of performance metrics. They report on HEDIS and non HEDIS metrics.
- Randal Johnson asked does this change?
 - LDH provided a response and said, those measures are reviewed annually. We have added new measures to our list this past year. Some are retired. If they are retired, they are removed from our pharmacy metrics list.
- Randal Johnson asked, what is the NCQA guidance that are out there? Do you know if there any impacted by the pharmaceuticals?
 - LDH provided a response and said, we cannot share NCQA technical specs. We do have a quality dashboard. You can look at the data, benchmarks, metrics, and send specific questions to us for review. For our performance measure lists, we have 11 incentivized measures; usually these are the ones we want the MCO's to improve on. Measurement year equals calendar year. This has incentivized the MCO's to perform right. If they fail to meet the target, then the state permanently withholds the funding for that particular metric. All of the measures are on our quality dashboard.
- Doug Boudreaux asked who decides what goes on the incentive program.
 - LDH provided a response and said, in consultation with our CMO and EMT team we review those measures annually. This is done in consultation with our CMO. We do have some performance improvement projects also occurring. We know MCO's need to perform better on behavioral health. We know on cervical cancer screening, they failed. Therefore, this measure was

incentivized. We would review with them again. It's a number of factors on what's incentivized and what's not. We cannot duplicate incentives. This is a CMS CFR reg., so a number of factors. You can find the quality dashboard at Qualitydashboard.lidh.la.gov

- Randal Johnson asked is there an update on the single PBM?
 - LDH provided a response and said, we have a go-live date for October 1, 2023. We had a virtual kick off meeting on January 26th. Magellan will be here in-person this week.
 - Jeff Gaude said, will members receive a standard universal card? When is this going out?
 - LDH provided a response and said, there will be a new card going out for pharmacy only. I am not sure if we have a timeline on this.
 - Randal Johnson asked is open enrollment still in October for the MCO's.
 - LDH provided a response and said, open enrollment will resume this year as before.
- Randal Johnson said, there was some problem with interfacing with Gainwell System and Magellan processing claim system.
 - LDH provided a response, because Gainwell system is so outdated this is why we couldn't include FFS in the Single PBM. They are going to move into the single PBM system under managed care. Currently there's around 137,000 in Humana.
 - Randal Johnson asked, what's the number left in fee for service?
 - LDH provided a response and said, about the same.
- Randal Johnson asked, what does it take for the pharmacies to see a Single PBM for FFS and MCOs?
 - LDH provided a response, another three or four years, we need a new MIS vendor on the fee for service side. I believe Medicaid is getting ready to announce this soon.
- **Call for Public Testimony**
 - N/A
- **Other Business**
 - Randal Johnson said there's a lot of discussion about 340B in our nation. I believe legislators will introduce some legislation around this and how this will impact the pharmacies. I see some entities that are 340B entities on the local pharmacy list. Trying to figure out how this interacts with the Medicaid pharmacy benefit and Medicaid pharmacy program.
 - MJ asked if we know how many 340B claims have been submitted.
 - Randal asked does this interact with Medicaid.
 - LDH provided a response, it does not interact with Medicaid
 - Kim Wixson said, there is a lot of language in the 340B contract which negatively affects you.
 - LDH provided a response, from the Medicaid side we can't get rebate on 340B. We are not at the claim level. We are at the entity level. 340B is an outpatient program.
 - Kim Wixson said, why would an entity choose to dispense as 340B instead of Medicaid?

- LDH provided a response and said, this is very complicated. The 340B pharmacies that are carved into Medicaid are excluded from Medicaid rebate. This gets fuzzy on the physician administered side.
- Randal: Are all going to make this better?
 - LDH provided a response and said, this is not a Medicaid problem. Medicaid is rebate. 340B is not rebate.
- Randal: How do you handle the MCO claim? DO you have to correspond the provider number to figure out what the rebates are?
- MJ asked if the federal law allows the MCO's to reimburse for 340B at a non-Medicaid rate.
 - LDH provided a response, right now, yes. They want to cut their reimbursement down.
- Adjournment
 - Nikki Hollier moved to adjourn meeting. Dr. Gordon seconded the motion. The meeting was adjourned at 11:15 a.m.