

Wednesday, September 13, 2023

9:00 a.m.

Louisiana Independent Pharmacies Association

543 Spanish Town Road

Baton Rouge, LA 70802

Name	Committee Attendance	Attendance
MJ. Terrebonne	Pharmacist (Senate Committee on Health & Welfare)	Present
Kim Wixson	Louisiana Pharmacists Association	Absent
Nikki Hollier	Louisiana Board of Pharmacy	Present
Melwyn Wendt	Louisiana Department of Health	Present
Dana Antoon	Louisiana Board of Pharmacy	Present
Dr. Stewart Gordon	Physician (Senate Committee on Health & Welfare)	Present
Doug Boudreaux	Pharmacist (House Committee on Health & Welfare)	Absent
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
Zoom Attendance		Richard Bordelon, Cathy Eagle, Rosaline Borders, Kim Wixson, Don's Otterpilot, Don Caffery, Sue Fontenot

- **Call to Order**

The meeting was called to order at 9:15 a.m.

- **Introductions and Quorum Determination**

The roll was called by M.J. Terrebonne and quorum was confirmed.

- **Review and Approval of the June 14th meeting minutes**

On page one of the June 14th meeting minutes, Nikki Hollier is listed as Faith Hollier via zoom, and would like to be addressed as Nikki Hollier. On page three, NADAC will replace NADA. The motion was made by Randal Johnson and seconded by M.J. Terrebonne.

- **Naloxone Standing Order-Prescriber Issue**

- LDH intends to reimburse for legend naloxone as long as there is inventory on pharmacy shelves.
- Dr. James Hussey has signed the existing standing order for naloxone that will be in effect through December 31, 2023.
- LDH's Medicaid Medical Director, Dr. Shantel Hebert-McGee will sign a standing order for naloxone prescriptions which will become effective January 1, 2024. Dr. Hebert McGee is an enrolled Medicaid provider.
LDH response: For Medicaid reimbursement, all drugs must have a prescription for reimbursement.

- **Provider Enrollment Issues**

- LDH response: There are three files used in determining enrollment for providers in Medicaid. One file is used exclusively by MCOs and is called the registry file. This file incorporates prescribers who have written prescriptions for MCO beneficiaries.
- Magellan will need to consider if providers have enrollment or registry in one of these files in order for prescriptions to be reimbursed. All providers must have valid NPIs and be sanction-free.
- M.J. Terrebonne: How will this work now that you're going to a single pbm?
- LDH response: Magellan will have to review 3 files in claims processing to determine provider enrollment/registry status.
- Jeff Gaude: Is there any way to improve the enrollment application?
- LDH response: We can try to. This decision will be addressed by Provider Enrollment.
- Dana Antoon: Each time I complete a Medicaid application for the new pharmacy it's longer. Can we improve the process?
- LDH response: Provider Enrollment needs to consider federal and state rules and regulations in addition to logistics and file concerns within the present system.

- **Single PBM Update**

LDH Response: We are having daily calls with Magellan and the MCOs. We recently started the readiness review process. Currently, there is testing going on to make sure claims pay and deny appropriately. We are in stages of testing. The EQRO, a Quality Assurance Group. HSAG is the entity completing the testing. They have subcontracted with another entity. Some things are still in progress.

- Nikki Hollier: I have been told by a couple of pharmacists, it takes a week to complete the packet. I don't see where there is a need for multiple pharmacies to go through this process. If you're testing through the different software systems, then you know there's something which needs to be adjusted on the software side or at Magellan. Walmart, Walgreens, CVS, Albertsons, and Kroger will have their own system. For independent pharmacies, the major system will be Pioneer, Liberty, QX1, and there might be a couple of outliers.
- Randal Johnson: It is important for us to understand who we should contact to get the enrollment correct with Magellan.
- Nikki Hollier: Not everyone is technologically savvy. Some individuals may not be able to add this new plan. Some individuals might have to reach out to their software vendor. My recommendation would be for us to identify a pharmacy in each of these software categories to be the pilot. The test stores would be able to load this plan into their particular software period. This ends in two days. Perhaps this needs to be extended by Magellan. Whether it's reaching out to Magellan or their software store to work out the kinks. The plan is pre-loaded by their software vendor.
- LDH Response: Magellan has notified the software vendors.
- M.J. Terrebonne: What are the results of the testing and have you received feedback from Magellan?
- Randal Johnson: We have gone through this activity with the PBM before. Can we streamline to know everyone is dealing with the same company? The departments will push down on the MCOs. Could we get some clarification before this goes live that the pharmacies, companies, and patients are protected?
- LDH response: Medicaid is reviewing claims testing in addition to testing done by the EQRO and their subcontractor. Also, we are working on level of effort for consistency across all plans.
- Randal Johnson: What are you doing to communicate to prescribers that their medication will be unavailable to their patient?
- LDH Response: Medicaid will reimburse for compounds using the Fee for Service methodology until changes to reimbursement can be considered and addressed.
- M.J. Terrebonne: If you're an MCO, can the pharmacist bill like they're a legacy?
- LDH response: Pharmacy claims should continue to process with pharmacy provider information as it currently processes in FFS.
- Randal Johnson: Has Magellan completed their licensure with the Louisiana board of pharmacy?

- LDH response: I am not aware of the status.

- **Testing for Single PBM Issues**

- Nikki Hollier: What are the results of Magellan's testing and provider's testing? What pharmacies are currently enrolled in testing and what software vendors do they use?
- LDH response: The current MCO's are responsible for claims paid through September 30th. If someone has to re-submit there will still be operation
- Randal Johnson: Did you look to see if it's fifty percent of the claims, in the first five days?
- LDH response: We have considered claims volume on Monday-Friday
- Jeff Gaude: Will you be looking at busiest days from an immunization process?
- LDH Response: Yes
- Dr. Wanda Thomas: From a provider perspective, it will pop up and say prior authorization process. When my patient goes to fill their medication, will there be a conversation. Is the patient coming in to get my medication? Will the patient be effected October 1st?
- LDH response: The preferred drug list that exists today will not change October 1st. Whatever EPIC is pulling from the drug list will not change.
- Dr. Wanda Thomas: Has anyone put this information out to patients, so they know there might be a glitch? Are we starting to communicate with our patients?
- Nikki Hollier: From a point of sale perspective, most pharmacists are aware this is coming. From a Medicaid standpoint, the patients have been inundated.
- Dr. Wanda Thomas: The patient needs the medicine.
- Nikki Hollier: If we should get a rejected claim, we have the capability to look at the prior fill of that medication. This is an issue with Magellan's file. At this point, we will try to get this corrected with Magellan. If we can't get it done. We will not let the patient go without the medication.
- Dr. Wanda Thomas: Has the pharmacy agreed to extend the courtesy to a patient?
- Nikki Hollier: This is a case by case situation. It is the intention of every pharmacist in this state to make sure a patient receives their medication. None of us can force our colleagues to do anything. A lot of changes are going into effect October 1st. A lot of this is outside of the control of the pharmacy and the pharmacists.

- **Medicaid recipient eligibility verification and process for re-enrollment update**

- LDH response: We are trying to address most of the issues. We are engaging with our providers in a myriad of ways. We have community based organizations trying to reach individuals where they are. Unfortunately, recognizing many of our enrollees are transient. We are different mechanisms to reach them and we are working with our pediatric subcommittee chairs. We have information showing those who have moved on to the market place. It's the kids we are worried about. The bulk of these kids fall into these precarious situations. We do expect to have some churn. We had communications with our prison system. It's those individuals cycling in and out of the system, and the mothers of children who are undocumented. This is where we have the gaps that we are trying to address. Undocumented mothers are eligible with the unborn child. Often times we cannot get in touch with the mother after the child is born. Because the mother is unenrolled after she delivers, we have a hard time getting this information. There could also be language barriers. Some mothers are not seeking this out or they are seeking this for a short period of time. It has to be a trusted provider to convey this. We are hoping to avoid the churn as we review applications month by month

- **Single PDL Changes**

- LDH: Nothing major since July.
- Dana Antoon: Are we supposed to be able to bill for the generic?
- LDH response: We leave the PDL the way it is and the MCO would approve the pa for the generic.
- Nikki Hollier: Would it be feasible to fill a generic without the pa? There are some daw codes that specify brand not available.
- LDH response: I would want to double-check with Magellan
- Nikki Hollier: The patients are not going to get what they need. This is an added expense for the prescriber, dispenser of the pharmacy, and you're delaying patient care.
- LDH response: The greatest thing we can do to prepare is testing.
- M.J. Terrebonne: Who has to approve the payer sheet?
- LDH response: I believe it was approved on yesterday.

- **Update on State Plan Amendment Submission**

- LDH response: I believe it was approved on yesterday.

- M.J. Terrebonne: There was a state plan amendment fee for dispensing fees. We understood it would be effective October 1st. What happens if you do not gain approval before October 1st?
- LDH response: We are waiting on CMS approval. Also Cindy Demark is the new CMS director for pharmacy. Our policy section has established meetings. We would continue with the reimbursement as is now. Assuming we get approval before December 31st. Then we could back and recycle the claims. This is not ideal. However, if this happens in January, we can't do this. Randal Johnson: One thing about the vaccine counseling letter; can the council review this? It appears in the letter you sent out regarding vaccine counseling and you could bill for counseling separate for this?
- LDH Response: On the pharmacy side, we tried. If the vaccine is not administered, we do not have a way to reimburse for this. We understand this is the goal. We do not disagree with the concept. We haven't figured this out logistically. Neither has any other state to my ability.
- Nikki Hollier: Why would I administer the vaccine if I can't get paid?
- LDH response: I don't know of any pharmacy in Louisiana, enrolled in vaccines for children.
- Randal Johnson: The pharmacist can't be anything other than the prescriber for anything and possess the vaccine for children inventory.
- Dana Antoon: Without the prep act, can we administer if they're below 17?
- Jeff Gaude: There are select vaccines we can dispense but not administer. It has to be an ACIP recommendation.
- M.J. Terrebonne: If the state plan does not get approved will you send a notice to the provider?
- LDH response: Yes
- Randal: Have you had any questions from CMS?
- LDH response: As of right now, no.

- **Call for Public Testimony**

- N/A

- **Other Business**

- Randal: Is the department limiting the filling of maintenance medication? In some of these case the prescribers are writing seven day fills. How often are you seeing this issue where they pharmacy is filling multiple fills on a monthly basis?
- LDH response: The maintenance meds policy has been in place for a long time. The maintenance drug list is coming from a First Data Bank indicator. We excluded certain dosage forms from the list. I

don't believe this happens often. We are trying to get people to follow the policy.

- Nikki Hollier: If I fill a maintenance med for a patient, will I receive a dispensing fee? Is it one dispensing fee per 30 day or is a 30 day supply to collect the dispensing fee?
- Kim Wixson: Thirty rolling days is concerning to me. Does it have to be rolling 30 days or is there a grace period?
- LDH response: It is a rolling 30 days. We plan to review every quarter.
- Randal: Is this relieved?
- LDH Response: They would be able to override and they may be subject to audit.

- **Adjournment**

- Dr. Stewart Gordon motioned to adjourn the meeting. Dana Antoon seconded the motion. The meeting was adjourned at 12:00 p.m. The next meeting is scheduled for Wednesday, October 11th, 9:00 a.m. at the LIPA office.