

Name of Meeting: Pharmacy Liaison Committee
Date of Meeting: July 18, 2019
Length of Meeting: 10:00 AM – 12:00 PM
Location of Meeting: DMAS 1st Floor Program Ops Conference Room

Committee Members Present:

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

DMAS Attendees:

Donna Proffitt, Pharmacy Manager
Rachel Cain, PharmD

Other Attendees:

Mark Hickman, CSG/VSHP
Michael Craig, UCB
Michele Satterlund, MWC
Rick Shinn, Virginia Community Healthcare Association
W. Scott Johnson, Hancock, Daniel, & Johnson, PC
Howard Estes, Spots Fair
Cindy Warriner, HQI

Fabrile Kamgang
Darren Ray, Neurocrine Biosciences
Susan Massart, House Appropriations Comm.
Paula Margolis, JCHC
Nicole Pugar Lawter Williams Mullen

Introductions

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

Approval of Meeting Minutes from November 2018

Ms. Proffitt asked if there were any corrections, additions, or deletions to the draft meeting minutes from November 2018. With none noted, the minutes were approved by the Committee.

Old Business

Having no unfinished business to discuss from the November meeting, Ms. Proffitt moved on to new business.

New Business

Medicaid Expansion

Ms. Proffitt gave a brief summary on Medicaid expansion. Effective January 1, 2019, low-income adults living in Virginia will have 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.. As of July 2019, almost 300,000 persons have enrolled.

General Assembly Updates / Legislative Proposals

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 with the Committee that DMAS has contracted with its actuary, Mercer, to conduct the analysis and draft the report. She also noted that the report is due to Chairman of House Appropriations and Senate Finance Committees by December 1, 2019.

Virginia’s Pharmacy Cost of Dispensing Survey

Ms. Proffitt announced the emergency regulations revising the fee-for-service pharmacy reimbursement methodology have not yet been posted pending the Governor’s signature. The reimbursement methodology state plan amendment (SPA) was approved by CMS on October 19, 2019. As per the CMS approved SPA, the Agency is agreed to conduct a pharmacy cost of dispensing survey every five (5) years to support the “professional dispensing fee” component of the pharmacy reimbursement methodology defined by CMS. DMAS has contracted with Myers and Stauffer to conduct the cost of dispensing survey this year. Myers and Stauffer conducted the original Virginia cost of pharmacy dispensing survey in 2014. Ms. Proffitt encouraged community, independent pharmacies to complete the survey so that their costs of dispensing can be reflected in the survey results. Once the survey is completed, Ms. Proffitt will share the results with Christina Barrille to share with the pharmacy community.

PBM Transparency Report Update

Ms. Proffitt reported that the second PBM transparency report is scheduled to be published by October 1, 2019 and will be posted to Virginia’s Legislative Information System. DMAS’ Senior Pharmacy Policy and Data Strategist is responsible for drafting the report.

SBIRT & Pharmacist Credentialing

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is an evidence/community-based practice designed to identify, reduce and prevent problematic substance use disorders. Providers include physicians, pharmacists and other credentialed addiction treatment professionals, acting within the scope of the practice. The list of approved professionals recognized by DMAS can be found in Chapter IV of the Addiction and Recovery Treatment Services (ARTS) provider manual. In order to bill for SBIRT, providers must be licensed by the Department of Health Professions and be enrolled with Medicaid FFS or a Medicaid managed care health plan or work for an organization/provider that is enrolled with Medicaid or health plan.

Licensed providers may delegate administration of the evidence-based screening tool to other clinical staff as allowed by their scope of practice but the licensed provider must review the tool with the individual and provide the counseling and intervention.

Providers are required to maintain documentation detailing all relevant information about the individuals who are in the provider’s care. Documentation shall fully disclose the extent of

services provided in order to support provider's claims for reimbursement for services rendered. Documentation must be written and dated at the time the services are rendered or within one business day from the time the services are rendered.

In order to be reimbursed for SBIRT services, the provider of the service must be enrolled with either Medicaid fee-for-service or in a Medicaid Managed Care Organization (MCO). Providers must follow their respective contract with the MCO. Ms. Proffitt noted there are significant challenges for pharmacists getting reimbursed 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

Next meeting

The next PLC Meeting is scheduled for Thursday, December 5, 2019 10AM-12PM.

The meeting was adjourned at 11:48 AM.