

Louisiana Independent Pharmacies Association

What's New and What to Watch

LIPA Newsletter:

Bringing you the latest news and information concerning independent pharmacies and the profession at-large....



LIPA Newsletter 8-26-22

September 21- Next Council on Medicaid Pharmacy Reimbursement Meeting

September 30 - Medicaid Provider Re-enrollment Deadline

October 12 - PBM Monitoring Advisory Council Meeting

The first meeting of the newly established Council on Medicaid Pharmacy Reimbursement was held in Baton Rouge on Wednesday, August 24. We hope to use this council to explain our concerns and explore resolutions to help preserve patients' access to necessary prescription drugs. Without some relief and correction, we are concerned that patients will not have access to outpatient prescriptions to address their health. Reimbursement for ingredient cost and the professional dispensing fee both need to be addressed.

Attendees of the meeting include:

- M.J. Terrebonne, former Medicaid Pharmacy Director (representing the Senate Health & Welfare Committee)
- Dana Antoon, Channell Drug Group (representing La Board of Pharmacy)
- Doug Boudreaux, Boudreaux Compounding Pharmacy in Shreveport, (representing the House Health & Welfare Chairman Larry Bagley)
- Nikki Hollier, Hollier Family Pharmacy in Breaux Bridge (representing the La Board of Pharmacy)
- Kimberly Wixson of Cottonport Corner Drug in Cottonport (representing the La Pharmacy Association)
- Randal Johnson (representing LIPA)

Additional members in attendance included Floyd and Kyle Talley (Floyd's Pharmacies # 1 and #2) and Diane Milano (Chateau Drugs).

During the meeting, M.J. Terrebonne was elected to chair the committee and Kim Wixson was elected as vice-chair. One decision made was to meet more often than quarterly (the minimum meeting frequency in Act 292 of 2022) because of the **urgency** of this work. The next meeting was scheduled for September 21 at which we anticipate receiving some critical reports from LDH.

Thanks to the legislature and enacted Senator Mills Act 292 of 2022, we now have this process to present our concerns to LDH, we continue to hear from the membership that without some relief and correction, patients' access to-- particularly brand-- prescriptions will be increasingly compromised.

Does Your Pharmacy—or You—Have a Facebook Account?

Some people argue that Facebook can be a very effective way of communicating and of the power of social media. Following Senator Bill Cassidy’s visit last week to Prescriptions to Geaux in Baton Rouge, pharmacist T.J. Woodard penned and posted—in his words, “a long rambling pharmacy post” regarding the visit, highlights include:

“As a fair warning, it may get worse before it gets better. Medicare Part D is looking very ugly for 2023. It’s quite possible that there will be many pharmacies (some chains as well as independents) who can NOT take Medicare Part D, at all, next year.”

“This isn’t just limited to Part D plans....if you’ve been to the pharmacy lately and they either told you they couldn’t get the med, or couldn’t fill it, it’s likely because our loss was so significant that we simply can’t afford to fill it. We regularly see losses over \$50 per script for brand name meds.”

See the full post [here](#). Because these are important communication tools, we encourage you to read the post and **share it** on your pharmacy and/or personal Facebook page.

Another LIPA member story you can link to and share is [this August 19th story on WWL-TV's website](#) featuring Chateau Drugs in Metairie. The video is just under three minutes and focuses on underwater reimbursement for brand-name drugs. Note that WWL was unable to get a statement of any kind from the PBMs in question.

Express Scripts DIR/Effective Rate Pricing Escalation

We need data to show OGB, DOA, and legislators the degree to which DIR fees/effective rate pricing are steeply increasing. In particular, look at:

- RX bin: 003858
- PCN: -A4
- RX groups: 2AXA or ST222ERC/8305
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One pharmacy has shared data with us showing the year-by-year increases in DIR fees assessed by Express Scripts—we cite them because they are currently the OGB Pharmacy Benefit Manager—have escalated since 2016 (~\$1100) to over \$20K in 2021. Already in calendar 2022, DIR fees assessed by Express Scripts exceed \$80K. To what extent is this being driven by the quarter of a million OGB members for whom Express Scripts became the PBM effective January 1, 2022??? Those pharmacies that have a larger patient base of state employees/dependents and retirees can attest to the difference they are seeing in their bottom line.

Communication Resources Available to LIPA Members

We want to share with you a couple of resources that the LIPA Board has worked with staff to produce. These items include a “bag-stuffer”, which will be distributed to all LIPA members in the coming weeks, and a “What is LIPA?” for non-member pharmacies and elected officials to understand more about LIPA. We will be partnering with supporting wholesalers, particularly Louisiana Wholesale Drug and Morris & Dickson to help us with distribution of the bag-stuffers, which will come with 50 copies per easy-rip notepad. If you have any feedback that you would like to offer, or have any recommendations for future resources that we could produce, please contact the LIPA office at (225) 308-2030 or at comm@LIPA.org.

[“What is LIPA?” Flyer](#)
[“Bag-Stuffer”](#)

BA.5 COVID Booster Vaccine Expected to Be Available Labor Day Week

In a conversation with LDH on Thursday, they advised they are currently anticipating the new bivalent COVID booster vaccine to arrive at Morris & Dickson the Tuesday or Wednesday of Labor Day Week.

We expect –based on this [NBC reporting](#)--that all people aged 12 and older if Pfizer—18 if Moderna—who have previously been fully vaccinated (first and second dose of Moderna or Pfizer **or** single dose of J&J) will be eligible for the bivalent booster, regardless of when they last had a COVID booster shot. The FDA Advisory Committee is scheduled to meet next Wednesday and Thursday (9/1 and 9/2). The CDC's director, Dr. Rochelle Walensky, could sign off on the updated boosters shortly after the two-day meeting. Vaccinations with the updated shots could begin as **early as the day after the national holiday** with the caveat that the plan could change.

If you provide vaccines for area nursing homes and other long term care residents, you may wish to reach out to them now to begin planning for onsite booster clinics.

Please let us know what questions you have and how LIPA can help, including vaccine billing problems you are seeing. Beginning January 1st of this year, the vaccine administration fees for Medicare Advantage Plan enrollees is the responsibility of their Plan, and no longer being reimbursed through Medicare Part B (Novitas-Solutions is Louisiana's Medicare fiscal intermediary). LIPA is compiling a "work aid" with vaccine billing information for pharmacists for each of the Medicare Advantage Plans licensed in Louisiana.

Services Available to Pharmacies to Increase DIR Fee Transparency at Point of Sale

As we continue diving into DIR fees and how they are detrimentally impacting independent pharmacy, we received feedback from several LIPA members on the value and benefit they are seeing through DIR fee consulting services arranged with Benjamin Jolley. We have shared this information with you before; however, several members asked that we bring it back. You can view the services offered—and book without even needing to place a phone call at [this link](#). Among the consulting services Ben offers are:

- A half-hour call in which Ben will walk you through inputting DIR fee estimation into your pharmacy software. He will discuss how you want each fee programmed and methods to ensure accurate estimation. The fee is \$200.
- A half-hour follow-up call to discuss software settings, pulling data out of e-scripts, how to use DIR estimators beyond the basics, etc. The fee is \$200 for this call as well.
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Chain Pharmacies Preparing for Worse Than Normal Flu Season, Maybe You Should Also

Are you offering and promoting flu shots? **Becker's Hospital Review** reported this week that the nation's largest pharmacy chains have all started offering flu shots "ahead of what's predicted to be a more severe flu season in 2022/2023 compared to 20/21 and 21/22. *A severe influenza season in the Southern Hemisphere may be indicative of what the United States may face this fall and winter. Australia is experiencing its worst influenza season in 5 years. Experts say preventive measures implemented during the COVID-19 pandemic kept influenza rates in the United States at very low levels, but that may change this year.* A Mayo Clinic infectious disease doctor said: *"Many have stopped masking. For the large part, we will see the reemergence of influenza in the winter. In comparison, in 2020 winter, when we were all masking and social distancing, there was literally no influenza. But now that has all changed."* CDC recommends that people get vaccinated against influenza by the end of October.

Status of PBM Complaints Submitted to La Department of Insurance

Over the past few months, LIPA has assisted member pharmacies in submitting thousands of complaints to the Louisiana Department Insurance, categories include prompt pay, non-conformance with required information on remittance advices, and patient steering. We want to assure you, all the complaints we receive are promptly forwarded to the Department. To date, LIPA has not received any communication that an individual complaint has been determined by them to be invalid. We understand

they are still being investigated and until completed, the investigations are considered by LDI to be confidential.

Have You Heard About Tomato Flu?

While both the current COVID wave—primarily the Omicron variant—is waning in Louisiana and elsewhere and cases of monkeypox are decreasing, we are seeing reports of a rare new viral infection in India dubbed “tomato flu” that is spreading to children there, resulting in issuance of a health advisory. CNBC [reports](#) it is called tomato flu due to the painful red blisters it produces. So far it has been detected in more than 100 children across three states in India since the first case was reported on May 6. Scientists say the virus, which is highly contagious but non-life-threatening, could be linked to chikungunya or dengue fever, or viral hand, foot, and mouth disease.

District Meeting Recap

Pat Boggs, owner of Kelly Pharmacy and LIPA District 9 Board Member, held a district meeting Tuesday evening in Bossier City. We appreciate all the LIPA members that were in attendance, as well as State Senator Robert Mills, and Representatives Danny McCormick and Tammy Phelps for taking the time to hear the concerns of community pharmacies in their districts. Also in attendance were two staff members from Congressman Mike Johnson’s office, who we met with earlier in the day to discuss our members’ concerns. Please continue to reach out to your elected officials, as it is imperative, we draw their attention to how PBM practices impact patient access and continuity of care.

With the summer Congressional recess, August is a great month to host our federal delegation and other elected officials in your pharmacies. The delegation is home through Labor Day, and LIPA Board Members are inviting U.S. Senators and Representatives, their staff, state legislators, and regulators to regional meetings hosted by other pharmacies and pharmacists in the area. This is a fantastic way to make new connections, strengthen old ones, and express your concerns regarding the current state of the practice of pharmacy and the pharmaceutical industry. It is also a great time to educate officials and ask for their support on important legislation like [S.4293 - the PBM Transparency Act](#).

Andy Soileau, Allen Cassidy, Nick LeBas, and Nikki Hollier are hosting a joint Regional District Meeting for their districts 5, 6, & 7. The Meeting is scheduled for September 7th at Prejean’s in Lafayette, Louisiana. We will continue to plan district meetings in various locations throughout Louisiana, and will provide updates to you accordingly.

[Districts 5, 6, & 7 Invitation](#)

Be Advised: PBMs Reimbursing Pharmacies with Mastercards

We are aware Aetna is attempting to reimburse pharmacies for prescription claims via a prepaid Mastercard; Pharmacies should be aware that these cards come with a service fee ranging from 2-4% and should not be considered a legal tender for the purpose of reimbursing the pharmacy. Aetna provided the following number to call with questions: (877) 705-4230.

We suggest that all pharmacies preemptively contact Aetna to ensure that you are reimbursed via check, ACH or any other form of payment that does not charge a transaction fee. It is important that we are all looking at accurate remittance advices with full information. Our remittance advice laws require the PBM to send you the remittance advice and payment without having to request it.

One final question this issue raises is whether these cards will expire if they are not redeemed. The Credit CARD Act of 2009 allows at least five years to use up the balance, however, these cards are often deactivated after only 6 months of use. We will continue our review of this issue and keep you adequately informed along the way. Please contact the LIPA office if you have any questions.

NCPA PBM Regulation Best Practices Workgroup

LIPA staff participated in NCPA's PBM Regulation Best Practices Workgroup on Tuesday to discuss current PBM issues with pharmacy stakeholders from all over the country. NCPA wants to use this group to identify which PBM regulations enacted by states are having a positive economic impact on pharmacies vs. regulations that in actual practice are less impactful or have no impact at all. Their thinking is to create a "Top 5" or "Top 10" list of best practices for PBM regulations (defined as those that actually make an economic difference for pharmacies). The goal is to create a best practices document to better inform state pharmacy associations and other state pharmacy advocates on which legislative initiatives will be the most effective for pharmacies. LIPA appreciates the work that NCPA does to bring awareness to the issues currently facing community pharmacists nationwide.

Heads Up— 10 Cent Provider Fee Payment Issues

A LIPA member informed us of a statement received regarding payment of the 10-cent-provider-fee to the LDH fiscal office. It appears the check was mailed and received on time, however, LDH did not cash the check until nearly a month after, and now they want to penalize the pharmacy for a late payment. We want to ensure that you are aware of this issue, and to let us know if you have received any similar statements from LDH regarding the provider fee. We will continue our work with the department and will provide updates accordingly.

2023 Medicare Part D/Medicare Advantage Plan Details Will Be Released in September

PBMs have been in overdrive trying to get their 2023 pharmacy networks for Medicare Part D plans finalized. Information on Medicaid Part D and Medicare Advantage Plans—including their pharmacy provider networks and formularies—will be released by CMS in September ahead of open enrollment which begins October 15th. With pharmacies unable to accept the 2023 contract terms for at least some Medicare Part D plans, this fall's Medicare open enrollment will be critical. Now is the time to begin thinking about how you can communicate with patients if you will not be in their current drug plan's network effective January 1st. Additionally, how will you let patients know the names of Medicare Drug Plans in your area with whom you are in network? LIPA is continuing to explore resources and tools that our pharmacies can use to assist their patients in selecting a plan.

Detailed Guide for Pharmacists Prescribing Paxlovid

Our federal partner NCPA has released a 4-page document titled [Billing for Assessment by a Pharmacist for Paxlovid Treatment](#) which includes information for pharmacists who are interested in prescribing the COVID oral therapeutic Paxlovid. Topics addressed include clinical documentation, claims submission to the various payers, and pharmacy location considerations. NCPA is making the case to Medicare that the reimbursement should be \$75.

Pharmacist and Patient PBM Complaints

LIPA is willing and able to assist you in filing complaints with an appropriate regulatory or administrative body in any manner you like.

In our experience, regulators, and entities responsible for enforcement take the position that "if it's not documented, it didn't happen." On multiple occasions, the Insurance Commissioner or his staff have commented on the low level of actual complaints they have received regarding PBMs. We believe it is vital to demonstrate that non-compliance with state law is not just a "one off" that impacts a handful of pharmacies but is **systemic**. Please continue to send all complaints, along with any relevant documentation to legal@lipa.org, and we will file a complaint on your behalf to LDI. You can also call

our office at (225) 308-2030 to get started on a complaint. It is important for us to work with you to file complaints promptly in order to force adherence to the laws of Louisiana. The laws passed are not worth anything if we cannot get LDI and the Board of Pharmacy to enforce them.

Louisiana Medicaid Will Pay for COVID Vaccine Administration for Most Uninsured

Patients who are uninsured may be reluctant to complete the application for the Medicaid COVID Uninsured Group because they do not realize how simple the application is. There are no questions about other household members, income, or resources; it can be completed VERY quickly. The application should **not** be a barrier to someone getting enrolled. In contrast, applications for Medicaid, SNAP and other benefits can be quite time consuming. Eligibility is quite easy to establish, beginning with the completion of a [simplified application](#), including the three months before the application month, and is good until the public health emergency ends.

Louisiana Medicaid has a [COVID-19 program](#) that will pay for vaccine administration (as well as testing, treatment, and other services) if the primary diagnosis is COVID. The only people who are **not** eligible are those who are either undocumented, incarcerated or have other health insurance. There is no income or resource test.

People approved for this program will not receive a Medicaid ID card. Instead, the approval letter they receive is their proof of eligibility and contains the information you need for billing. Providers have the option of putting their address on the application form, and if they do so, will receive a copy of the letter as well so they know they can go ahead and submit a claim to Medicaid.

NADAC Price File Watch –Publication Date 8.24.22

Our LIPA staff will file NADAC appeals to Myers & Stauffer on your behalf. To do so, we need copies of the actual invoices for each drug and a spreadsheet of the drugs. Attached is an example of the spreadsheet which contains the information needed to fill out an appeal form. Your drug list does not have to be in an excel spreadsheet as long as your format has the categories shown in the example below.

[Drug List Spreadsheet Example](#)

Below are the instructions for Pioneer and Liberty users to create a weekly report. Please send all NADAC drug pricing spreadsheets and invoice emails to appeals@lipa.org. Once we have received **BOTH** the invoice and drug information spreadsheet, we will submit appeals as quickly as possible.

[Pioneer System Instructions](#)

[Liberty System Instructions](#)

We are still working to develop report criteria for other software systems to help pull the report needed for LIPA to file your NADAC appeals. If you are a pharmacist who uses a system other than Pioneer or Liberty and would be willing to work with us to develop the report spreadsheet, please email appeals@lipa.org with your name, your pharmacy's name, and which system you use.

For pharmacies using Pioneer wishing to look at a drug's NADAC history, please follow these directions:

- On the Item Pricing screen, you will see a line showing NADAC. Select "history" on the right of that number, from there it will show the historical NADAC rates and date changes.
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For pharmacies that are not Pioneer users, when looking through the most recent Weekly NADAC Report, there is a tab at the top labeled "As of Date: __-__". By selecting the tab, you are presented with

ways to filter the data. There are 12 “property” filters you can select from. This allows you to search NADAC history for drugs to find the dates and price changes of certain drugs.

The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. This week’s NADAC report contains no drugs on the comparison list.

[Weekly NADAC Report](#)

NADAC represents the national average price paid by chain and independent pharmacies to acquire prescription-covered outpatient drugs, as determined by a monthly survey conducted by Myers & Stauffer for CMS. While the nature of an average is that some are reimbursed above cost, and some are reimbursed below cost, our concern with Myers & Stauffer’s NADAC price is that we are seeing increasing gaps between NADAC prices and the actual cost our pharmacies must pay. Filing appeals to Myers and Stauffer can bring to their attention—and the attention of other stakeholders—the discrepancy between the actual acquisition cost for Louisiana independent pharmacies and the national average.

To help us prepare for the Medicaid Reimbursement Advisory Committee Meeting, LIPA is requesting your data regarding the top 10 prescriptions dispensed in the Medicaid FFS/Medicaid Managed Care population which you are losing the most money on with NADAC ingredient pricing (provider’s cost is less than NADAC’s price). All we need from your pharmacy is the Drug Name, NDC, the price you pay for the drug (invoice price), and the invoice date. We have included an excel spreadsheet to show a basic format you can use. Please email your completed spreadsheet to appeals@lipa.org. Thank you for your continued involvement with NADAC Appeals as we gather data, to bring forward to regulators and decision makers.

[Top 10 Drug Spreadsheet Example](#)

