

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 9-23-22

September 30 - Medicaid Provider Re-enrollment Deadline

October 1 – NCPA Annual Convention in Kansas City, Missouri

October 7- Northeast La District Meeting

October 8 – ULM Tailgate

October 13 - PBM Monitoring Advisory Council Meeting

October 15- Medicare 2023 Open Enrollment Begins

This Friday (9/30) is Medicaid Provider Re-enrollment Deadline

We are down to one-week remaining for Louisiana Medicaid-enrolled pharmacies, and pharmacists/certified immunizers to **re-enroll** in Louisiana Medicaid. The deadline is next Friday, September 30th. **If you enrolled as a Medicaid provider—or changed your NPI/got a new Medicaid provider #--between July 1, 2021, and December 31, 2021, you now need to reenroll by the September 30th deadline.** (Previously the cutoff was July 1, 2021. The date was changed to September 2nd by LDH to include providers who enrolled through December 31st, 2022). The Department has stressed that beginning January 1st, 2023, Medicaid claims submitted by providers who have not successfully reenrolled—or written by a prescriber who has not successfully re-enrolled—will be denied.

If you are unsure of your enrollment status, Medicaid has introduced a [Provider Portal Enrollment Look Up Tool](#). Data elements that may be used for lookup include NPI, provider name, provider type, specialty, address, city and state, or zip code. Keep in mind if you are inputting the city, it may be different if you have moved since you originally enrolled. Some pharmacists' effective date of enrollment was 13 years ago (January 1st, 2009) and they have moved since then. The results given will show the provider's status as either enrollment complete, action required or currently in process by Gainwell. Providers that are not shown in the results are not required to enroll at this time. Invitation letters for those providers will be sent later. The Lookup Tool is updated daily, and the results may be downloaded. LIPA staff tried the tool, and our suggestion is that if you are searching for an individual by name, use just the last name. Otherwise, you may get a "false negative." (We did).

After January 1, 2023, a pharmacy will be prohibited from filling a Medicaid claim if the prescriber is not enrolled in the Medicaid program. With thousands of non-pharmacy Medicaid providers yet to be enrolled, we are concerned about how the Medicaid program suggests pharmacies handle this. A patient with a valid prescription addressing a necessary acute health condition may be unable to receive their medication. Would this cause the patient to have to visit a different Medicaid prescriber who may be enrolled? The pharmacy may spend excessive time with the different processes to identify the problem, in addition to the new insurance companies distributing insurance cards to the Medicaid population. These issues cause us to worry about time and business disruption.

LIPA staff is happy to do the re-enrollment status lookups for you to save you time. You can call our office at 225-308-2030.

Regional District Meetings

Over the past couple of months, LIPA Board Members have set up regional meetings in their Districts inviting Members of Congress, State Legislators, and staffers, along with other pharmacies and pharmacists in their districts who can attend. These meetings are a great way to express concerns about the Pharmaceutical Industry to Legislators and members of Congress to ask for their support with legislation pertaining to the matter. Charlie Jones, owner of Drennan's Pharmacy in West Monroe and the District 10 Board Member, has a meeting scheduled for October 7th, in Monroe, Louisiana. The invitation can be found below. Along with local State legislators, we encourage and will help reach out to our elected officials and their staff to attend.

[District 10 Invitation](#)

The following day, October 8th, at ULM the annual Pharmacy Homecoming Tailgate will be held at the baseball field from 2pm-7pm. LIPA members Kenny Wilson and Andy Soileau will be cooking food and drinks will be provided. We would love for everyone to come and have a good time. For more information regarding ULM homecoming week follow the link below.

[ULM Homecoming Week Agenda](#)

Council on Medicaid Pharmacy Reimbursement Meeting Recap

On Wednesday, the [Council on Medicaid Pharmacy Reimbursement \(Acts 2022, No. 292\)](#), held its second meeting. (See the agenda [here](#)). The Louisiana Department of Health ("LDH") Pharmacy team provided a high-level snapshot of the current Medicaid pharmacy program. The presentation created some confusion, and elicited several questions, including:

- For each managed care organization ("MCO"), and in the aggregate, how is the 1% cap on mail-order prescriptions monitored by LDH?
- How does Medicaid recipient **access** to medication (which is different from clinical or financial considerations of providers, MCOs, or LDH) fit into Medicaid's algorithm for placement of a drug on the preferred drug list ("PDL")?
- A request to clarify several discrepancies in data shared with the Council.

Despite a previous public records request, LDH has not shared the presentation it gave on Wednesday to the Council. They have shared a "revised" presentation that simply deleted the areas of confusion. LIPA has requested the actual presentation so we can continue to seek clarity. LDH indicated they will post the slides from the presentation on their website at some point, which we will share.

As always, transparency will lead to clarity and ultimately, resolution. It's important that the members of the Council receive accurate information so they can accurately advise LDH. LIPA appreciates the opportunity to work with LDH and the Council on this important issue. We're confident the Council, led by its chair, will bring meaningful change to the Medicaid program for the benefit of its members.

NCPA 2022 Annual Convention & Expo—Let us know if you plan on attending!

NCPA's annual convention and expo will be held October 1-4 in Kansas City, Missouri. LIPA staff will be attending and are looking forward to meeting with pharmacists, lawmakers and healthcare policy experts to discuss the various PBM issues that we are seeing all over the nation. Pharmacists United for Truth and Transparency (PUTT) is inviting all LIPA members at the conference to their PBM Reform Cocktail Party on Sunday night (10/2) from 7pm to 9pm. Please view the official invitation and RSVP below.

[Official Invitation](#) [RSVP](#)

This convention is an excellent opportunity to collaborate with stakeholders in our industry to plan for future action at the national level. There will be several guest speakers throughout the event, including FTC Chair Lina Khan, who is scheduled to speak on Monday morning. As you may recall, in June the

FTC launched a study into PBMs and their shady business practices. We hope Chair Khan will address the study and provide an update on what the commission has seen thus far.

In [remarks](#) given to Midwest Forum on Fair Markets yesterday, FTC Commissioner Alvero Bedoya voiced his concerns for anticompetitive markets across the country. Commissioner Bedoya specifically cited the vertical integration of 39 healthcare companies into the big-three PBMs we currently see, and the harm it has caused to patients and pharmacies:

“A family walks into a pharmacy. Their child has cancer. The pharmacist has the child’s medicine behind the counter, ready to dispense. But when that pharmacist calls the pharmacy benefit manager, or PBM, for the family’s insurance company, they are denied authorization to give the family that medicine. Instead, they are told that the medicine can only be dispensed by the PBM’s own mail order specialty pharmacy. The family was to go home and wait up to two weeks to receive the medicine for their child in the mail. How did this happen?”

Picture a set of 39 companies. Some pharmacies, some PBMs, some insurers. Twenty years ago, these were all separate. Today, those 39 companies have merged into just three vertically integrated entities. And so today, when most people fill a prescription, just one of three entities mediates what medicine they get, what they pay for it, and how they will get it – and that corporate entity makes money by making sure that prescription is filled by its own pharmacy. Even, apparently, when it is cancer medicine. And even, apparently, when doing that will force a child to wait for two weeks.”

If you would like to read the rest of Commissioner Bedoya’s remarks, click [here](#). Please let us know if you are planning on attending NCPA’s convention so we can prepare accordingly.

2022/23 Flu Season is Officially Here—is Your Pharmacy Ready?

Several of you indicated you were unable to bill fee-for-service Medicaid or Medicaid MCOs for administration of flu vaccine. Effective for date of service September 15th and after, the Department has made influenza vaccine payable. You can see the memo [here](#).

And no—there is currently no “combo” flu and COVID booster vaccine (although patients are strongly encouraged to get both at the same time in different anatomical sites.)

The PREP Act authorizes pharmacist immunizers, as well as pharmacy technicians and pharmacy interns who have completed immunization training to administer vaccines to children **ages 3** and older. Federal and state officials have stated that people should get their flu vaccine no later than the end of October but “sooner rather than later.” Remember that Medicaid will pay for administration only of vaccines—including flu—for children, as the vaccines are available at no cost through the Vaccines for Children (VFC) Program.

Contact the LIPA office at (225) 308-2030 if you have any questions or concerns.

Humana 10-Cent Provider Fee Update

It’s important, especially to Louisiana Medicaid, that *all* pharmacies pay the \$0.10 provider fee required by [La. R.S. 46:2625](#) and [R.S. 22:1860.1](#). LDH should verify its records and ensure *every* out of state pharmacy or PBM is paying the provider fee on each prescription it is due. Earlier this week, LIPA met with the legal team from LDH to request their assistance with this issue, because it is more than just the \$0.10 provider fee at issue. It’s about ensuring the PBMs abide by all law and regulations.

This is especially timely now because LDH is proposing Humana become the sixth Managed Care Organization in Louisiana. The insistence on adding Humana is concerning because of their historical disregard for Louisiana laws, rules, and regulations. Multiple independent pharmacies have reported Humana is not paying the \$0.10 provider fee on Medicare claims; a fee LDH uses to draw down Federal dollars. Humana also recently charged a \$21.00 DIR fee on a pneumonia vaccine, which put the pharmacy underwater for that claim. Although the original purpose of DIR fees has been widely distorted, they are ostensibly a performance-based metric. So how can Humana choose such an inappropriate fee on an elective pneumonia vaccine? If Humana is going to continuously abuse Louisiana citizens of businesses, we suggest the Department of Health reject Humana until they agree to follow all Louisiana laws, rules, and regulations.

We also see from LDH's .10 provider fee report that one of Humana's pharmacies permitted by the board of pharmacy, located in Glendale, Arizona, is not paying the fee because they do not report filling any prescriptions in the state, even though they went through the process of being licensed in the state. Louisiana's laws and regulations call for the pharmacy to report to the board of pharmacy within 15 days if no prescriptions are filled and for the board to revoke the license thereafter. If that pharmacy is not filling prescriptions, why are they still licensed and permitted in the state of Louisiana?

Reformulated Bivalent Booster Vaccine Information

Many of our pharmacies are administering the bivalent COVID booster. Since Louisiana Medicaid gave their MCOs until September 23rd to have their systems programmed to reimburse for the bivalent booster, all claims—whether submitted through fee-for-service or a Medicaid MCO should now be payable. If you were previously unable to bill, note that pharmacies can submit retroactive COVID bivalent booster claims for dates of service as early as August 31.

Here is the link to [Health Alert Network memo # 22-30](#) which also includes links in the memo to Fact Sheets for Providers. Anyone age 12 and older who has completed the primary vaccine series and it has been at least two months since their last COVID vaccine (primary dose or booster) is eligible to receive the new COVID booster. **If a patient has not completed the primary vaccine series of either Pfizer, Moderna or J&J/Moderna, they are not eligible to get a bivalent booster.** This includes patients who received Novavax as their primary vaccine series. You may have patients with no more “space” on their original COVID-19 Vaccination Record Card if they have received two booster doses. In such cases, begin a new card and **staple the cards together.**

Your LIPA team updated the [COVID-19 vaccine intake form](#) to add questions that help identify if the patient has had a primary vaccine series and if they have had received a booster shot. We are asking you to let us know what other information we could add to benefit your pharmacy. If you have any recommendations, please contact the LIPA office at (225) 308-2030 or comm@lipa.org.

Arkansas Insurance Bulletin - Reimbursement Violations

Earlier this week, the Arkansas Insurance Department issued [Bulletin No. 11-2022](#) regarding National Average Drug Acquisition Cost (NADAC) Reimbursement Violations in PBM Contracts. Arkansas uses NADAC as the reimbursement floor for all plans. Louisiana Medicaid uses “Fee for Service” as a floor. Other Louisiana plans prohibit local pharmacies from being reimbursed less than chain, mail-order, specialty, or PBM-affiliated pharmacies.

Much like Louisiana, Arkansas has historically viewed reimbursement complaints on a per claim basis, after adjudication. However, with this bulletin, Arkansas is taking the innovative, and much needed, step toward enforcing reimbursement requirements at the contract level. By pointing out that their statute (and ours) does not address when the reimbursements should be reviewed for compliance, Arkansas now states it “should be on the front end of the contract.”

By stepping up to defend Arkansas small businesses, the Insurance Department is attempting to alleviate the issue pharmacies across the nation see with “take it or leave it” contracts. As we get closer to 2023, we've seen multiple contracts that reimburse pharmacies so far below their cost that they can't be seriously considered. Attempts to negotiate the reimbursement terms are met with silence.

If independent pharmacies in Louisiana, and across the nation, are only offered contracts that reimburse them so little they cannot afford to stock their shelves, pharmacies will close and patients everywhere, especially in rural areas or areas lacking public transportation, will be left in “[pharmacy deserts](#).”

Abandoning small businesses and patients for mail-order is not a solution. Patients deserve the ability to choose their healthcare provider.

The Louisiana Department of Insurance, Department of Justice, and Board of Pharmacy all license, regulate, or permit PBMs. It is vital to Louisiana healthcare outcomes that our regulators begin defending small businesses from predatory, unfair, or deceptive practices like “take it or leave it” contracts with below-cost reimbursement terms. LIPA is working towards this goal with these, and other, regulators daily. We will continue to do so and provide updates as they are available.

NADAC Price File Watch –Publication Date 9.21.22

Our LIPA staff will file NADAC appeals to Myers & Stauffer on your behalf. To do so, we need a spreadsheet of the drugs and invoices for each drug. Once we have **BOTH** the invoices and spreadsheet, we will file appeals ASAP. Below is an example of the spreadsheet containing the information needed to fill out an appeal form.

[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 Pioneer users 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.

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.

The 2 easiest ways to search for a drug are by "NDC Description" or "NDC". When searching either filter you will need to set the "operator" tab to "contains." For NDC Description use only drug name and strength. When searching by NDC, simply type the NDC without hyphens.

The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. This week's NADAC report contains 22,001 price changes due to the incorporation of the most recent monthly survey results. 49 of the drugs are brand and 21,952 are generic drugs. Of the Brand drug changes, 29 drugs increased in cost and 20 drugs decreased in cost. Of the Generic drug changes, 9,841 drugs increased in cost and 12,111 drugs decreased in cost.

[Weekly NADAC Report](#)

[Generic Drugs by Price Change](#)

[Generic Drugs by Percent Change](#)

[Brand Drugs by Price Change](#)

[Brand Drugs by Percent Change](#)

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 on 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](#)

