

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....



Medicaid Cost of Dispensing Survey Due Date is Less Than 2 Weeks Away

Has your pharmacy completed and submitted your response to the 2021 Louisiana Medicaid Cost of Dispensing Fee Survey yet? While the deadline was extended because of Hurricane Ida, the new deadline—Wednesday, November 17—is **fast approaching**. With the deadline less than two weeks away, we encourage you to plan now to fully capture and report your costs of dispensing Medicaid prescriptions and spend the extra time required to include a narrative explanation of the changes you have seen in the way you dispense prescriptions since the COVID pandemic emerged in early 2020. The survey instrument provides the opportunity to describe not just historical data from your tax return but a detailed explanation of changes in dispensing costs that may not be fully reflected in that data and provide the most complete picture possible for use in establishing the Medicaid dispensing fee.

In your additional narrative, don't forget to include an explanation (and any documentation you may have) showing **time spent** on all aspects of Medicaid claims (including but not limited to the amount of time utilized as a result or the increasing number of Medicaid claim edits, claim denials, claim resubmissions, fees associated with resubmissions, faxes of prescribing documents, other necessary documentation for the claim to process with the Medicaid requirements); issues related to specialty drugs (definition of specialty drugs, is it tied to a dollar amount?, is it a drug that can only be obtained through a limited network? how specialty drugs impact your dispensing cost); days supply (has the allowance to obtain a 90-day supply during the pandemic and hurricanes impacted your dispensing costs?) and any other issues impacting your dispensing cost. This is your **best opportunity** to provide documentation and comments to LDH and Myers and Stauffer for use in calculation of the Louisiana Medicaid professional dispensing fee component of the pharmacy reimbursement rate.

If you have questions or need technical assistance with completion of this important survey, contact the Myers & Stauffer Cost of Dispensing Help Desk you can call 800-374-6858 or email

disp_survey@mslc.com

New Edition of Louisiana Medicaid *Pharmacy Facts* Addresses COVID Vaccine Changes

Louisiana Medicaid indicated yesterday that they will be posting a Provider Notice soon with instructions for billing Medicaid (including Medicaid MCOs) for COVID vaccines recently approved for which you may have received a denial. A new [Pharmacy Facts](#) addresses the claims system programming changes that Medicaid and the Medicaid MCOs must make by November 15th to correctly pay claims for newly approved COVID vaccine for the following:

1. COVID booster doses for persons age 18 and over who were fully vaccinated 6 or more months ago. *This change is retroactive to October 20th.*
2. Pfizer primary doses of pediatric COVID vaccine for children ages 5 -11 *This change is retroactive to October 29.*

If you have had claims denied, resubmit them on or after November 15th.

Status of Louisiana Medicaid Provider Reenrollment Using New Online Portal

All current Louisiana Medicaid Providers including both pharmacies and individual pharmacists need to re-enroll as Louisiana Medicaid Providers no later than March 31, 2022, using LDH's new online provider enrollment portal that their contractor Gainwell Technologies began rolling out in July of this year. You should have received an "invitation" letter from LDH that included next steps you need to take. Here is the link to LDH's webpage for the [Medicaid Provider Enrollment Portal](#), which includes links to Q&A, instructions, and a webinar.

The New OSHA Vaccine Mandate

Our federal partner NCPA [advised](#) that they are working on a thorough analysis of yesterday's new [Emergency Temporary Standard \(ETS\)](#) issued by OSHA that mandates either vaccines or weekly testing + masks for certain employers and how it could impact independent pharmacies. *NCPA notes that the [previous health care ETS](#) does not apply to dispensing of prescriptions by pharmacists in retail settings but is applicable to specific settings where either COVID-19 testing is performed or COVID-19 vaccinations are administered within the larger retail pharmacy setting (e.g., vaccine clinics or testing booths set up inside your pharmacy). **If you provide testing or administer vaccines in your pharmacy, you must adhere to the health care ETS requirements, including, but not limited to PPE, physical distancing, physical barriers, cleaning and disinfection, and employee training (click [here](#) for a summary of the health care ETS (which you may wish to refer to in responding to the Medicaid Cost of Dispensing Survey)***

"Line in the Sand" for Employee COVID Vaccine in Certain Health Care Facilities

On Thursday, the Biden Administration issued their [Interim Final Rule \(IFR\)](#) establishing January 4, 2022 as the date for compliance with their COVID vaccine mandate for many health care employees of providers who receive Medicaid or Medicare dollars [the "power of the purse"]. A few of our takeaways from reading the IRF in the Federal Register and news summaries that we want to bring to your attention as we expect you will receive questions;

- The January 4th date in headlines and TV news chyrons is bit misleading as a critical deadline is **December 6th**. According to the Rule, the implementation consists of two phases:

- **Phase 1** begins 30 days after the 11.5.21 publication date of the Rule includes the requirements that: 1) Facilities have appropriate policies and procedures developed and implemented, and 2) That all staff must have received at a minimum, a single dose COVID-19 vaccine or the initial dose of a primary series (or requested and/or been granted a lawful exemption) **by December 6, 2021.**
- **Phase 2** begins 60 days after publication date of the Rule or January 4, 2022. This is the date by which all staff must be “fully vaccinated” which is defined as at least 14 days following completion of vaccine series, been granted a medical or religious exemption, or vaccine temporarily delayed per CDC recommendation [such as previously treated with passive antibody therapy and it has not been 90 days. The Rule notes *Although an individual is not considered fully vaccinated until 14 days (2 weeks) after the final dose, staff who have received the final dose of a primary vaccination series by the Phase 2 effective date [January 4, 2022] are considered to have meet the individual vaccination requirements, even if they have not yet completed the 14-day waiting period.*
- CMS acknowledges and assumes that some employees will quit their job rather than get the vaccine but their estimate is 5% or fewer which they consider to be acceptable.
- The IRF discusses the value of providing health care employees access to vaccines **onsite** to increase the take-up rate so that employees do not have to take off from work, deal with appointment scheduling, etc.
- The provider types who must comply with the rule are clearly stated (those for whom CMS regulates “health and safety” and pharmacies and physician offices are not included in the list, (although your pharmacy may need to comply to continue providing onsite services in LTC facilities). Also, it **doesn’t** apply to Medicaid home and community- based waiver service providers.
- CMS notes in Q&A that this IRF preempts any state law prohibiting vaccine mandates: Q: *What happens if State law prohibits vaccine mandates? How can CMS expect a facility to follow its requirements if its State prevents them from implementing this rule? A: **Under the Supremacy Clause of the U.S. Constitution, this regulation pre-empts any state law to the contrary. U.S. Const. art. VI § 2***
- The self-reported vaccine rate at Skilled Nursing Facilities is public and the latest report can be viewed [here](#). If you provide onsite vaccines to Skilled Nursing facilities, LIPA suggests that you touch base as soon as possible to discuss the December 6th deadline for first doses (or single dose of J&J).

COVID Vaccines Now Available in Louisiana for Children Ages 5-11

As expected, the CDC approved Pfizer’s COVID vaccine for children ages 5-11 and LDH issued a [Health Alert Network \(HAN\) memo](#) on Wednesday along with the Pfizer COVID vaccine [comparison “one pager”](#). Here is the link to LDH’s [COVID –19 Vaccines and Kids](#) webpage.

In a provider call at 11 AM today, Dr. Frank Welch, Medical Director for Louisiana Immunization Program stated that about 430,000 children in Louisiana fall within this age range. (Also not that Louisiana has inched up to 44th in percent of population vaccinated!)

A couple of important **technical notes** about the Pfizer pediatric COVID vaccine that Dr. Welch noted:

- Pediatric vaccine can be ordered through LINKS. It may take **7 to 10 days to arrive** as all pediatric vaccine is currently being shipped from the vaccine depot (Morris & Dickson). *Note that LIPA has a limited supply of Pediatric Pfizer vaccine that we can transfer while you are waiting for yours to arrive –just let us know.*
- Pfizer (orange top) pediatric vaccine can be used up to 12 hours after first puncture; *yes, we know the insert says 6 hours but the information fact sheet that takes precedence says 12 hours*; adult Pfizer (purple or gray top) is **still 6 hours**.
- The date printed on the vial and box of Pfizer is the **manufacture date** and not the expiration date [Dr. Welch said he has never seen this before!] To calculate the expiration date for input into LINKS, add six months from the manufacture month (including the month of manufacture) and input last day of that month 00/00/0000. So if the manufacture date on the vial and box is 10/21, the expiration date would be 03.31.2022
- Any vaccine received from Morris & Dickson arrives refrigerated and you should input a **Use By Date** on the vial and box of 10 weeks minus one day, regardless of the calculated **Expiration Date**.

We know that some of our members have opted not to offer vaccines to this age group while other have indicated they would like more information:

- If you are not offering pediatric vaccines but want to assist patients in locating a provider that has pediatric vaccine in inventory (according to LINKS or the federal pharmacy immunization system) Vaccines.gov is expected to be updated tomorrow (November 6th) to include this information.
- Our federal partner NCPA has assembled a collection of resources including a 32-minute [video](#) that may be of interest to independent pharmacies regarding offering vaccines to children age 5-11 including the basics of administration of pediatric vaccines and other tips, such as how to distract the child, decorate the pharmacy, and strategies to make the experience better.

This Just In: AHIP Recommends Hepatitis B Shots for ALL “Younger” Adults

It looks like there will be yet another vaccine recommended by the CDC in the near future. This one is for Hepatitis B vaccine and targets “younger adults”, defined as those age 60 and below. The Associated Press [reported](#) on the AHIP (government advisory panel) recommendation that was made November 3rd. According to the AP story, *The shots are given in either two or three doses, spaced a month or more apart. CDC data suggests that only about one-third of the at-risk people with diabetes and chronic liver conditions have been vaccinated, and just two-thirds of eligible health-care workers. Overall, about 30% of all adults are vaccinated.*

The committee considered recommending the shots for all adults. But a slight majority of members voted to set a ceiling age of 59 on the recommendation — because it echoes the parameters of the previous recommendation for people with diabetes.

They argued that many elderly people are not at risk for infection, and that money and resources spent on vaccinating the elderly would have diminishing returns on reducing infections.

Under existing policy, people 60 and older can get the shots if they wish.

Maximizing the Annual Medicare Open Enrollment Opportunity

There's still a month to go in Medicare's 2021 Annual Open Enrollment Period when members can change to a different health plan that better meets their needs without the need for a "good" reason. If you have not yet started assisting your customers in comparing plans and choosing a plan for 2022 **it is not too late**. The overwhelming majority of enrollees do not proactively compare plans—despite the massive marketing efforts underway—and those who do are prone to waiting until near the deadline (December 7th for Medicare and November 30th for Medicaid). Furthermore, people can change plans multiple plans during the Open Enrollment Period, with the last plan they select being the Plan they will be enrolled in effective 1/1/22!

It is well documented that DIR fees differ greatly depending on the health plan and that in many cases, switching to a Medicare Drug (Part D) Plan or Medicare Advantage (Part C) that uses a different PBM can result in lower co-pays for your patients while at the same time, reducing your DIR fees. That is what we call a "win-win".

Have You Tried Out FDS Amplicare's *Match* Software Yet?

LIPA is interested in your feedback if you have tried out the FDS Amplicare *Match* software that you LIPA members can use to at no additional cost as a benefit of being a LIPA member. This software (previously called iMedicare is superior to any "free" software that is out there and purports to do the same thing as it uses your pharmacy data for your patients and Amplicare's knowledge of 2022 Medicare Drug Plans and Medicare Advantage Plans' formularies and their contract PBM's policies to help you target potential "win-win" patients.

If You're Using Amplicare Match, Make Sure They Have Your Correct Info

Amplicare asks that pharmacies let me know via e-mail about certain changes:

- 1. If you have changed your PSAO/contracting (or are planning to)** They explain that one of the benefits of Match is that they can manually update your contracting within 4-7 business days, while it might take CMS 60+
- 2. If you have changed your NPI**
- 3. If you have changed your pharmacy management system**

Here Are Amplicare's Best Practices for 2022:

- [Activate their FREE text campaigns](#) to patients to remind patients about AEP timelines and that you can help.

- [Utilize their bulk printing](#) capability to quickly generate customized letters to hand out to patients when they come to your store.
- [Complete Win-Win opportunities to increase profits](#). Win-win patients who change plans will save hundreds in annual-out-of-pocket costs, and **increase your profits**.
 - [Check out how Dilworth Drug increased profits by \\$50K using these opportunities](#).
- Do as many enrollments online as possible to make sure your patients enroll in the plan that is best for them, as [there are risks with telephonic enrollment](#).
- If patients have questions on Medicare Advantage or Medicare Supplement, their [new Match Advisors can help them and keep them at your pharmacy](#).
- Don't miss a single opportunity! [Download Assist](#) which provides you with in-workflow alerts to remind you to quickly print a personalized comparison for a patient.
- [Utilize advanced filtering](#) to find and communicate with patients who are on plans that are changing network status, have increasing DIRs, etc.
- [Leverage our patient-facing plan finder Navigate](#) that will allow patients to enroll at home. And it recommends Win Wins!

OGB Will Have New Pharmacy Vendor (PBM) in 2022

Pharmacies can expect to see a new PBM beginning January 1, 2022 for Louisiana Office of Group Benefit enrollees—both retirees and active members. The one pager that is being disseminated at OGB's open enrollment meetings for retirees with information contains information about the change in PBM for 2022 to Express Scripts. Indicating members should receive a new ID card by December 31st from Express Scripts and can expect to receive a letter from their current PBM disenrolling them from that plan.

Update from LHCC on Payment of \$25 Per Patient COVID Vaccine Incentive

We have received information from Louisiana Healthcare Connections concerning payment of the \$25 incentive to providers for administration of the COVID vaccine to their members who are eligible to receive the vaccine. Here's the link to a [provider notice](#) indicating that effective for dates of service November 1 and after, providers will need to submit a claim to receive the \$25 incentive and billing instructions for the incentive are provided. **LHCC will continue to reprocess claims with dates of service July 1, 2021 through October 31, 2021 to pay the additional \$25 bonus.**

Medicare DIR Fees Are Getting Attention of Key U.S. Senator

An Oregon television station KTVZ.com [reported](#) recently on Oregon Senator Ron Wyden's keen interest in PBMs and Medicare DIR fees in light of the sale of BiMart Pharmacies (37 of which are located in Oregon) to Walgreens effective January 1, 2022. Current BiMart prescriptions will be transferred to the nearest Walgreens in a letter to CMS leadership, Wyden—who chairs the Senate Finance Committee--makes reference to "reimbursement pressure" from Medicare Part D

Plans and PBMs as driving the pharmacy closures in these retail stores that operate in Washington, Oregon, and Idaho as well as independent pharmacies throughout the country.

Wyden notes that mechanisms like pharmacy DIR fees can be deployed as anti-competitive tactics by PBMs to destabilize pharmacy revenue observes that subsequent closures serve to benefit pharmacies owned by plans and PBMs responsible for the problematic fees by driving volume in their direction.

“Our rural communities are particularly dependent on local community pharmacists for their care, and are especially impacted by closures,” he wrote. “Pharmacies not only provide access to medication in these communities, they also play an essential role in the provision of other critical services, such as patient education, management of chronic disease, preventative care, certain testing, and vaccine administration.”

DIR fees and “obscure” middlemen in the pharmacy supply chain (that would be the PBMs) make it sometimes challenging to communicate to legislators the degree of harm that independent pharmacies face and what is at stake. Clearly, Senator Wyden understands what is at stake and we are glad to see him being assertive in making the case to CMS (who has the power to do something about it, even without federal legislation needing to be passed).

Have You Signed Up for Our *GroupMe* Vaccine Chat Group Yet?

We continue to add members each week to our *GroupMe* Chat group that was set up to provide a forum for members to ask questions and get answer from peers and LIPA staff in near “real time”-rapid response is the goal. To be added to the chat group (the *GroupMe* application can be downloaded from the App Store on your smart phone) call Danielle Hodge at 225-308-2030 or email her at hodge@lipa.org with your name, pharmacy name, and cellphone number. It’s that easy to be added!

Dates to know

Today-December 7th, Medicare and Louisiana Medicaid Open Enrollment

November 13, LPA 2021 Virtual Convention

November 17, Medicaid Cost of Dispensing Survey Due

November 20, LIPA hosted ULM/LSU Tiger Stadium (Baton Rouge, LA)