



Michigan Department of Community Health
Medical Services Administration

Pharmacy Provider Liaison Meeting

MINUTES

Date:	December 4, 2014
Time:	2:30 – 4:30 PM
Where:	Capitol Commons Center Lower Level - Conference Room E-F 400 S. Pine Lansing, MI 48933

Attendees

James Bock, The Prescription Shop; Sherrill Bryant, Magellan; Warren Deppong, Diplomat Pharmacy; William Drake, Advanced Care Pharmacy; Yvonne Gallagher, Sav-Mor; Jim Horton; Joe Leonard, Walgreens; JoAnn Mason, Meijer; Jim Mathews, Hometown Pharmacy; Ronald Melaragni, Sparrow; Eric Nordan, Xerox/ACS; Brian Peltz, HAP-Midwest Health Plan; Eric Roath, MPA; Rob Seffinger, Sav-Mor; Pam Callum-Bragg, Pam Diebolt, Linda Dingerson, Glenda England, Mary Greco, Vicki Goethals, Lida Momeni, Trish O'Keefe, Jerin Philip, Allison Repp, Kathy Stiffler, Rita Subhedar, Bob Swanson, Helen Walley, and Michele Warstler from DCH.

Introductions

Trish O'Keefe welcomed everyone and introduced the new Policy Specialist Rita Subhedar. All attendees introduced themselves.

Medicaid Budget and Program Updates

Healthy Michigan Plan

Pam Diebolt provided an update on the Healthy Michigan Plan: There are over 461,000 beneficiaries enrolled in the Healthy Michigan Plan as of 12/1/2014, and new Healthy Michigan Plan enrollment numbers are posted at www.michigan.gov/healthymichiganplan each Monday afternoon. Pam shared copies of two reports that are also now posted to this webpage.

Pam also reported that MDCH began mailing MI Health Account statements in October to Healthy Michigan Plan beneficiaries enrolled in a Medicaid Health Plan for six months. Pam indicated that many beneficiaries who have a cost sharing obligation have already paid their contributions for the quarter and that many are using the online portal for submitting their payment.

DCH issued bulletin MSA 14-39 to provide additional information on the promotion of healthy behaviors, cost-sharing requirements and special coverage provisions. Pam indicated that provider letter L-14-52 was issued on October 28, 2014 as a follow up to bulletin MSA 14-39, clarifying provider requirements for providing potential copayment information to Healthy Michigan Plan beneficiaries enrolled in a health plan. Trish indicated that she had received questions about this letter and Pam directed her and the attendees to healthymichiganplan@michigan.gov for questions.

Integrated Care Duals Demonstration

Lida Momeni provided an update on the Integrated Care Duals Demonstration:

- The demonstration's start date was changed to March 1, 2015 to ensure that proper care coordination is enacted, provider networks are fully established, and systems are tested prior to enrollment. The new start date will only affect Phase 1; Regions 1 and 4. Region 1 includes all the counties in the Upper Peninsula while Region 4 includes Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties. Phase 2, which includes Regions 7 (Wayne County) and 9 (Macomb County), will not be affected by the timeline change and will begin implementing, as originally anticipated, no earlier than May 1, 2015. As a result of the change, the demonstration will now be extended through December 31, 2018 instead of ending on December 31, 2017. To learn more about the timeline change, please see the press release at http://michigan.gov/mdch/0,4612,7-132-2945_64077_69464-342151--,00.html.
- ICOs have changed to the following:
 - Aetna Better Health of Michigan
 - AmeriHealth Michigan
 - Fidelis SecureCare
 - HAP Midwest Health Plan
 - Meridian Health Plan
 - Molina Healthcare
 - Upper Peninsula Health Plan
- During the previous meeting we were asked what would happen if a MI Health Link enrollee went to a pharmacy provider in a non-demonstration region of Michigan or outside of Michigan, i.e. snowbirds. While ICOs have their own approved pharmacy networks, ICOs are also required to provide Part D benefits through out-of-network pharmacies according to 42 C.F.R. §423.124. Generally, ICOs will pay for drugs filled at an out-of-network pharmacy only when an enrollee is not able to use a network pharmacy. Situations in which an ICO will cover out-of-network prescriptions will vary by health plans. Each ICO's Member Handbook will list circumstances when it will cover prescriptions out of the network and any limits on their out-of-network policies. If an enrollee must use an out-of-network pharmacy, he or she will generally have to pay the full cost when getting the prescription, but can ask his or her ICO to pay him or her back. If an enrollee goes to an out-of-network provider, the provider must be eligible to participate in Medicare and/or Michigan Medicaid. Health plans cannot pay a provider who is not eligible to participate in Medicare and/or Michigan Medicaid. If an individual goes to a provider who is not eligible to participate in Medicare, he or she must pay the full cost of the services he or she receives.

Reimbursement language from the MI Health Link three-way contract with ICOs:

- "2.4.1.9 – Out-of-Network Reimbursement Rules – In an emergent or urgent situation, the ICO must reimburse an out-of-network provider of Emergency Services or urgent care, as defined by 42 C.F.R. § 424.101 and 42 C.F.R. § 405.400, and this contract, at the Medicare or Medicaid FFS payment amount applicable for that service, or as otherwise required under Medicare Advantage rules for Medicare services. The ICO may authorize other out-of-network services to promote access to and continuity of care. When out-of-network services are authorized and where the service would traditionally be covered under Medicare FFS, the ICO will pay out-of-network providers at least the lesser of the providers' charges or the Medicare FFS payment amount. When out-of-network services are authorized and where the service would traditionally be covered

under Medicaid, the ICO will pay out-of-network providers at established Medicaid fees in effect on the date of service. Enrollees maintain Balance Billing protections. If Michigan Medicaid has not established a specific rate for the covered service, the ICO must follow Medicaid policy for the determination of the correct payment amount.”

- “2.7.4.3. For items and services that are part of the traditional Medicare benefit package, the ICO will be required to pay non-contracting providers at least the lesser of the providers’ charges or the Medicare FFS rate, regardless of the setting and type of care for authorized out-of-network services.”
- We were also asked how MI Health Link will handle open and closed panels as some health plans have restricted individuals (particularly in AFCs/HFAs) to using only chain pharmacies. During the provider network validation process, MI Health Link health plan provider networks were assessed and approved through stringent Medicare and Medicaid network standards. These standards assure enrollees have choice when selecting a provider.
- We were asked if MI Health Link will continue to follow current special disenrollment standards. MI Health Link will uphold current Medicaid policies in cases of special disenrollment.
- Lastly, we were previously asked for the total number of eligible enrollees per region. Approximately 110,000 people are eligible for MI Health Link in the four demonstration regions:
 - Region 1 (Upper Peninsula) – Approximately 9,000 eligible
 - Region 4 (SW MI) – Approximately 22,000 eligible
 - Region 7 (Wayne) – Approximately 61,000 eligible
 - Region 9 (Macomb) – Approximately 18,000 eligible

For more information, visit www.michigan.gov/MIHealthLink or e-mail IntegratedCare@michigan.gov.

Medicaid Policy Updates

Rita asked the attendees to review Bulletin MSA 14-55 which provides guidance to pharmacy providers on the claim void process.

Injectables

Rita said that right now DCH’s plan is to allow providers to bill for injectable drugs through the pharmacy benefit, which would be paid based on NDC and existing pharmacy reimbursement policy. The target implementation date is April 1st. Trish said that this would require a change to the State Plan and that we would have to look at duals. Bill Drake said that this would be a positive change.

Pharmacy-Administered Vaccines

Rita said that we are requesting CMS approval to cover all vaccines administered in a pharmacy. However, pharmacists are currently unable to enroll in the Vaccines for Children (VFC) program in Michigan, which means that they cannot administer vaccines to beneficiaries under age 19.

Bob Swanson from the Division of Immunization gave an overview of the VFC program. 18 states have at least one pharmacist enrolled in VFC. Last year Bob presented the idea of having pharmacists enroll in VFC to the Michigan Chapter of the American Academy of Pediatrics, but they were not in favor of the initiative. Bob then asked the Centers for Disease Control to write a letter of support for enrolling pharmacists in VFC, but they were unwilling to do so, stating that the intent of VFC was to provide a medical home model. Local health departments have concerns about whether pharmacies will be able

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to comply with vaccine storage and handling requirements, and these health departments do not have the resources to oversee large numbers of pharmacies. Bill said that pharmacies that are interested in administering vaccines are already equipped with refrigeration and other equipment.

Bob suggested that we look at launching pilot programs in certain underserved areas. Brian Peltz commented that pharmacies are an integral part of the medical home model and that pharmacists are the health care provider that patients visit most often. Kathy Stiffler said that an argument to keep the VFC program limited to clinicians is that it gives the pediatrician an opportunity to evaluate the child for a checkup. Bill said that he serves a juvenile rehabilitation center in Detroit, and none of the adolescents are able to receive vaccines because they do not have access to providers enrolled in the program.

Rita said that we could use a phased approach for this project; Phase I is allowing the administration of the influenza vaccine in the pharmacy for adults, which is completed; Phase II is allowing the administration of all vaccines in pharmacies for adults; and Phase III is to work with the Division of Immunization to allow children to receive vaccines in pharmacies. Rita said that DCH staff will take the information discussed in the meeting and regroup with Bob's team to discuss next steps.

340B Policy

Glenda England reminded providers participating in the 340B program to contact MDCHPharmacy340B@michigan.gov with participation details so that DCH can prevent duplicate discounts. Participating providers are asked to submit the 340B Self-Reporting Template. Providers should use the actual acquisition cost when submitting claims for drugs purchased through the 340B program.

Claim Recovery for HMP Beneficiaries with Retroactive Enrollment Dates

Trish said that the decision to recover claims for beneficiaries with retroactive enrollment dates was made by leadership. DCH's first priority once the system defect was identified was to ensure that beneficiary medication access issues were addressed and the system corrected to minimize those impacted as much as possible. All provider types were affected. Pharmacy providers can request an electronic list of claims containing beneficiary Health Plan information through MDCHPharmacyServices@michigan.gov. Providers can also contact DCH Provider Support at 1-800-292-2550 for assistance. Each health plan has a dedicated pharmacy contact to assist pharmacies - https://michigan.fhsc.com/downloads/MI_pharmacy_healthplan_contacts.xlsx

Bill Drake voiced his concerns that pharmacies are being unfairly penalized when they did nothing wrong. Kathy said that the providers' concerns will be sent to Director Fitton.

Open Discussion

Yvonne Gallagher asked about DCH's void system and subrogation process. Trish said that DCH Third Party Liability (TPL) area has a subrogation process for Medicare Part D, and that we will ask staff from that area to attend our next meeting.

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James Bock said that his son has been involved with a work assistance program for disabled individuals. Medicaid recently pulled funding from the program and it ended. Trish said she was unfamiliar with the program but would try to find more information about it.

Trish said that there are more than 300 pharmacy providers that have not yet enrolled in CHAMPS. There have been several efforts to contact these pharmacies. If they do not enroll by December 31st they will be terminated and will have to reapply for Medicaid enrollment.

Next Meeting

Rita said that the next meeting will be on March 19th 2015. Meetings are also scheduled for June 18th, September 24th and December 10th in 2015.