Michigan Department of Community Health
Rick Snyder, Governor
James K. Haveman, Director

Michigan Department of Community Health
Medical Services Administration

Pharmacy Provider Liaison Meeting

MINUTES

Date:	March 19, 2015
Time:	2:30 – 4:30 PM
Where:	Capitol Commons Center Lower Level - Conference Room E-F 400 S. Pine Lansing, MI 48933

Attendees

Ghada Abdallah, Park Pharmacy; Sherrill Bryant, Magellan; Yvonne Gallagher, Sav-Mor; Carrie Germain, HealthPlus; Jim Horton; Jeff Kauffman, Wal-Mart; Joe Leonard, Walgreens; Paul Lunsford, Magellan; JoAnn Mason, Meijer; Jim Mathews, Hometown Pharmacy; Ronald Melaragni, Sparrow; Eric Nordan, Xerox/ACS; Eric Roath, Michigan Pharmacists Association (MPA); Douglas Samojedny, Pharmacy Advantage; Rob Seffinger, Sav-Mor; Lucius Vassar, Clark Hill representing Rite-Aid; Samantha Williams, DK Pierce; Shauna Williams, DK Pierce; Terri Adams, Pam Bragg, Debera Eggleston, Pam Diebolt, Linda Dingerson, Nick Disa, Rajita Dnyate, Glenda England, Vicki Goethals, Lida Momeni, Vytas Ray, Cathy Reid, Allison Repp, Kim Sanders, Cheri Schofield, Kathy Stiffler, Rita Subhedar, Bob Swanson, Jon Villasurda, Helen Walley, and Cara Wilks, from the Michigan Department of Community Health (DCH).

Announcement to Create the Department of Health and Human Services

Rita Subhedar, Pharmacy Policy Specialist at DCH, announced that the Governor issued an executive order to merge the Michigan Department of Human Services and the Michigan Department of Community Health to create the Michigan Department of Health and Human Services. The merge will take effect on April 13th. There should be no impact to providers as a result of this merger. No staffing changes are anticipated, so providers' contacts at DCH will remain the same after the merger.

Managed Care Request for Proposal

Kathy Stiffler, Bureau Director of Medicaid Care Management & Quality Assurance at DCH, stated that DCH is still in negotiations with the health plans in drafting contracts. Any changes to the Request for Proposal will be announced through a press release.

Medicaid Budget and Program Updates

Jon Villasurda, Policy Analyst in the Program Policy Division of DCH, provided an update on the Healthy Michigan Plan:

Overall

- To date, Healthy Michigan Plan enrollment totals approximately 590,000.
  - Over 80% of those enrolled have incomes below 100% of the Federal Poverty Level.
  - Over 3/4ths have been enrolled in a Health Plan.
- As of December 2014, of the beneficiaries that completed a Health Risk Assessment with their primary care provider:

  - Over 98% chose to either maintain a healthy behavior or address a health risk behavior – 86.3% specifically agreed to address health risk behaviors.
  - The top three risk factors selected to address were weight loss, tobacco cessation, and follow-up for chronic conditions.
- As of December 2014, there have been over 315,000 primary and preventive care visits in the Healthy Michigan Plan population.

MI Health Accounts

- To date, over 178,000 Healthy Michigan Plan beneficiaries have received MI Health Account statements in the mail.
- Nearly 80,000 beneficiaries owed either a contribution or copay – over 2/3rds of these beneficiaries owed copays only.
- Over 70% of the first cohort (those enrolled in April 2014 with MI Health Account statements mailed in October 2014) made payments.

Evaluation

- DCH commissioned the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to serve as the Healthy Michigan Plan (HMP) independent evaluator. CMS formally approved the evaluation plan on October 22, 2014.
- The activities of the evaluation will carry in six domains over the course of a five year evaluation period:
  I. An analysis of the impact of the HMP on uncompensated care costs borne by Michigan hospitals;
  II. An analysis of the effect of HMP on the number of uninsured in Michigan;
  III. The impact of HMP on increasing healthy behaviors and improving health outcomes;
  IV. The viewpoints of beneficiaries and providers of the impact of HMP;
  V. The impact of HMP's contribution requirements on beneficiary utilization, and;
  VI. The impact of the MI Health Accounts on beneficiary healthcare utilization
- In Domain I, IHPI is comparing baseline uncompensated care results from hospital cost reports and IRS filings to understand the distribution of uncompensated care in Michigan.
- In Domain II, IHPI is comparing US Census Bureau data sources on uninsured estimates from the Current Population Survey data and the American Community Survey.
- Domain III activities to date have included conducting preliminary feasibility assessments of key data fields relative to health behaviors, utilization, and outcomes.
- In Domain IV, IHPI has made progress on the Primary Care Practitioner Survey and the Beneficiary Survey.
- Activities in Domains V and VI have entailed IHPI meetings of a designated enrollee survey team to discuss consumer engagement, behavior, and cost sharing measures for inclusion in enrollee surveys.
- IHPI is also being utilized to execute evaluation projects outside the scope of the CMS evaluation, including a behavioral health evaluation and an early evaluation of the MI Health Account statements.

Useful Resources for Providers and Beneficiaries

- Providers:
  - MDCH Healthy Michigan Plan Provider Information: http://www.michigan.gov/mdch/0,4612,7-132-2943_66797-323780--,00.html

  - Provider helpline: 1-800-292-2550 or providersupport@michigan.gov or healthymichiganplan@michigan.gov.
- Beneficiaries:
  - www.healthymichiganplan.org

Allison Repp, Contract Manager in the Integrated Care Division of DCH, provided an update on MI Health Link:

> MI Health Link began opt-in enrollment in Region 1 (The entire Upper Peninsula) and Region 4 (Southwest Michigan) on February 1st 2015. Individuals who enrolled in the first month began receiving services on March 1st. To date, 140 individuals have voluntarily enrolled in MI Health Link. Services for those passively enrolled for Regions 1 and 4 will begin May 1st and June 1st. In an attempt to alleviate caseload and resource issues that we have seen in other states, passive enrollments were split into two waves for Regions 1 and 4. Phase 2 of MI Health Link Implementation will begin with opt-in enrollment for Region 7 (Wayne) and Region 9 (Macomb) on April 1st 2015 with services beginning for those who joined on May 1st 2015. Passive enrollments were split into three waves for Regions 7 and 9 with services beginning July 1st, August 1st and September 1st 2015 for these members.
>
> We have updated our website (www.michigan.gov/mihealthlink) with a number of excellent resources in our online toolkit, including a FAQ regarding Part D. We will continue to build our toolkit as we move forward with the program.

Physician-Administered Outpatient Injectable Drugs

Rita announced that the proposed policy to cover pharmacy claims for physician-administered injectable drugs is currently in the Public Comment period. Comments are due April 9th. The policy is scheduled to be implemented on June 1st. It allows the pharmacy to submit a claim for an injectable drug as a pharmacy claim and to be paid at a rate based on NDC.

Eric Roath asked whether the policy covered administration of the drug by pharmacists who have collaborative practice agreements with physicians. Rita responded that it did not, and that would be something that DCH may consider in the future.

Ghada Abdallah had a concern about the part of the policy that prohibits the pharmacy from dispensing the physician-administered injectable drug directly to the patient. Rita responded that the pharmacy is required to deliver the injectable drug directly to the practitioner's office so that the content and integrity of the injectable drug (e.g. for drugs that need to be refrigerated or stabilized) is maintained. Yvonne Gallagher said that other payers allow physician-administered injectable drugs to be dispensed directly to the patient, and DCH's policy discriminates against Medicaid patients by not allowing them to receive the drug directly. Rita responded that the policy is intended to prevent mishandling of the drug, and to prevent the beneficiary from administering the drug himself when it should be administered by a physician. Other states have similar policies.

Douglas Samojedny asked whether the pharmacy or the clinic is responsible for delivering the drug to the clinic. Rita answered that an agreement would have to be made between the pharmacy and clinic to establish a delivery system.

Jim Horton said that if the pharmacy dispensed the drug to the clinic and the beneficiary never came in to the clinic for the drug to be administered, the pharmacy would be liable for the cost of the drug. Rita responded that DCH would address that situation if it occurred frequently.

Rita reminded the liaison members that they had advocated for this policy for several years, and that this policy was designed to give pharmacy providers the ability to receive accurate reimbursement for injectable drugs by allowing them to be submitted as pharmacy claims. It will take a significant amount of modifications to the claims system to operationalize this policy. Rita let the attendees know that if there was not broad support for this policy among the pharmacy provider community then the policy would be put on hold. Eric said that the Michigan Pharmacists Association supported the policy and were only offering suggestions to ensure that the policy is sustainable.

Pharmacist-Administered Vaccines

Rita provided an update on the proposed policy to expand coverage of vaccines that are administered in pharmacies. All pharmacies that meet the training and registration requirements in the policy will be able to administer all vaccines recommended by the Advisory Council for Immunization Practices for adult beneficiaries ages 19 and older. The NDCs for these vaccines will be posted on the Pharmacy Benefits Manager's website along with the NDCs for influenza vaccines.

Bob Swanson, Director of the Division of Immunization at DCH, said that his team is working with local health departments to select pharmacies to enroll in the Vaccines for Children program. Joanne Mason asked whether there was anything that pharmacies could do to request participation in the program. Terri Adams suggested that pharmacies that already meet the storage and handling requirements, are registered with the Michigan Care Improvement Registry, and are administering vaccines, should work with their local health department to determine if they may be eligible to enroll in the Vaccines for Children Program.

Bob added that the Division of Immunization values the participation of pharmacists, and that over half of all flu vaccines in the state are administered by pharmacists.

Eric said that pharmacies that administer vaccines do not have the benefit of receiving payment for an office visit, which clinics that administer vaccines receive. He asked if DCH would consider an enhancement to the administration fee or a markup on the cost of the vaccine product for vaccines administered in pharmacies. Rita answered that DCH may consider this down the road but the reimbursement would not change by the time this policy is implemented on June 1st.

Ghada asked whether employer-based training for vaccine administration was sufficient to meet the requirements of the policy. Rita said that she would have to get back to the group on the specifics of the training requirements.

Documentation Requirements for Pharmacy Audit

Vytas Ray from the Office of Health Services Inspector General (OHSIG) introduced the proposed policy on documentation requirements for audit purposes. Vytas said that if there is no reliable documentation for the inventory quantities at the beginning of the audit period, the policy allows OHSIG to assume that the inventory quantity taken at the end of the audit period is the same as the inventory quantity at the beginning of the audit period. Douglas asked whether OHSIG is seeing a trend in insufficient documentation in inventory audits. Vytas said that there are situations where documentation is insufficient, and this policy allows the auditor to fill in the gap in information.

TPL Update

Based on feedback from pharmacy providers, Medicaid TPL updated the monthly pharmacy claim void process in February 2015 to exclude claims with a date of service greater than 60 days from the pharmacy claim extraction. This update allows pharmacies the entirety of the 30-day response deadline to correct the billing of the claim before reaching the 90 day filing limitation of most insurance payers. Pharmacies should notify TPL in the instances where they are unable to correct the billing to the primary payer due to filing limitations less than 90 days.

Next Meeting

The next meeting will be on June 18th.