

## DRAFT MINUTES

Name of Meeting: Pharmacy Liaison Committee

Date of Meeting: October 5, 2006

Length of Meeting: 10:05 AM – 12:15 PM

Location of Meeting: DMAS 7 B Conference Room

### DMAS Attendees:

Tyrone Wall, Compliance Specialist	Bryan Tomlinson, Director Health Care Services
Rachel Cain, Pharmacist	Katina Goodwyn, Contract Monitor
Maryanne Paccione, Systems Consultant	Keith Hayashi, Pharmacist
Adrienne Fegans, Program Admin Mgr.	Merinda Battle, Health Care Services Analyst

### Committee Members:

Jan Burrus, Glaxo/Smith/Kline (GSK)  
Becky Snead, Virginia Pharmacist Association (VPhA)  
Bill Hancock, Long Term Care Pharmacy Coalition  
Mike Maloney, Virginia Chain Drug Stores (VACDS)

### Other Attendees:

Richard Grossman, Vectre Corporation  
Anne Leigh Kerr, Troutman Sanders LLP  
Symphonie Grant, VPhA  
Tim Musselman, VPhA  
Kemper Huers, VACDS

### Call to Order

Minutes from the last meeting have been posted on the web site.

### Introduction

Bryan Tomlinson welcomed everyone to the meeting. Reviewed the agenda and explained the specialty pharmacy program.

### NPI Implementation

Maryanne Paccione outlined to the Committee the regulatory steps that DMAS is taking to comply with the NPI federal requirements. As of October 5, 2006 DMAS has 185 pharmacy NPIs on file. In May DMAS sent out approximately 160 letters to independent pharmacies (pharmacies with only one provider ID and one Tax ID) requesting them to re-enroll with DMAS. The re-enrollment process requires the provider to obtain an NPI. Providers were directed to the National Plan and Provider Enumeration System (NPPES) [www.NPPES.CMS.HHS.gov](http://www.NPPES.CMS.HHS.gov). To make the re-enrollment process straightforward. The provider information was preprinted on the application; the provider must enter the NPI. Sign it, attesting that this is the NPI for this pharmacy, and return to DMAS. No other confirmation is necessary.

At the end of August 2006, approximately 1500 additional re-enrollment packages went out to pharmacies classified as chains (where there was one Tax ID used by multiple provider IDs). These re-enrollment packages were sent to the mailing address identified on the Medicaid system. If there was no mailing address, it was mailed to the payment address. If neither of these addresses were on file it went to the service address (physical location), which would rarely occur with pharmacy providers.

Ms. Paccione explained that DMAS tried to work through NCPDP to obtain the file of NPIs for the pharmacy providers in the state of Virginia; however, NCPDP did not have a high percentage of NPIs on file at the time. DMAS could not wait to obtain this information at a later date because it would put the dual use start date in jeopardy.

Ms. Paccione reported that DMAS would be accepting the NPI on pharmacy claims within the first quarter of 2007, currently scheduled for February 19<sup>th</sup>. Becky Snead asked what type of testing will be conducted, and requested if possible to include testing with pharmacy providers prior to the dual use period. Ms. Paccione explained that the “dual use” period for pharmacy means that a pharmacy provider may submit either the legacy ID or the NPI until the mandatory date of May 23, 2007.

#### **Disease State Management (DSM)**

Adrienne Fegans, Program Operation Administrator presented information on the Disease State Management Program, Healthy Returns. The Healthy Returns Program became effective January 12, 2006 based on the pilot program implemented in 2004. Ms. Fegans explained that the DSM program is designed to help patients better understand and manage; coronary artery disease, congestive heart failure, asthma (adults and pediatric) and diabetes (adults and pediatric). She stated that the Healthy Returns Program is designed to promote, prevention, education; lifestyle changes and adherence to prescribed plans of care. Please click on icon to view presentation.

#### **Comprehensive NeuroScience (CNS) Behavioral Management Pharmacy Program**

Rachel Cain, presented information to the Committee on the Behavioral Management Pharmacy Program which started in June of 2005. Comprehensive NeuroScience, Inc. (CNS) provides a behavioral pharmacy service that reviews prescribing practices in state Medicaid fee-for-service programs and Medicaid health plans. The CNS service is based on readily available Medicaid pharmacy claims and does not require the special collection of information from prescribers. The analysis is the basis for a CNS prescriber education and outlier management system, called the Behavioral Pharmacy Management System (BPMS). The BPMS focuses on improving the quality of behavioral health pharmacy prescribing practice and, as a result, may reduce the costs of pharmacy expenditures. It is accepted by both mental health clinicians and patient advocates because of its focus on quality improvement.

The educational letters are sent out monthly to prescribers. Physician Peer Reviewers are selected from the State or region in which the program is conducted to consult with prescribers who continue to deviate from best practice guidelines over a period of months.

The CNS BPMS offers an attractive option for the management and quality control of Medicaid behavioral health prescribing practices. Because it focuses on quality improvement, it has been supported by clinicians and advocates.

The BPMS analysis focuses on specific areas called “quality indicators” to compare prescriber practice with best-practice prescribing guidelines. Examples of these indicators include:

- Prescribing two or more antipsychotic medications to a patient concurrently;
- Excess dosing, as well as prescribed dosages below recognized therapeutic levels;
- Children who are prescribed three or more behavioral health drugs concurrently;
- Patients who receive antipsychotic prescriptions from multiple prescribers concurrently;
- Failure of high risk patients to fill behavioral health antipsychotic prescriptions in a timely fashion.

### **Specialty Drug Program**

Keith Hayashi and Merinda Battle gave additional information regarding specialty pharmacy and the design of a program. The committee requested a data analysis of utilization and costs by drug class for specialty drugs. This data will be used to provide feedback to DMAS on what drug classes are best managed through a specialty drug program for Virginia’s enrollees. In addition, this data was requested by PhRMA to identify care management programs that may currently exist for drugs that are in the defined specialty drug classes. Please click on icon to view presentation.

### **Other Business**

Becky Snead of the Virginia Pharmacists Association presented the following topics to the Committee for discussion: DMAS payment for immunizations administered by pharmacists, increasing compounded medication payments, medication therapy management, and the pharmacy quality alliance (quality indicators).

The next meeting will be held on December 19, 2006

The meeting was adjourned at 12:15 PM