Name of Meeting: Pharmacy Liaison Committee

Date of Meeting: July 17, 2018

Length of Meeting: 10:00 AM – 11:18 AM

Location of Meeting: DMAS 7th Floor Training Room

Committee Members Present:
William Droppleman, Virginia Association of Chain Drug Stores
Christina Barrille, Virginia Pharmacists Association (VPhA)
Alexander M. Macauley, EPIC Pharmacies
Anne Leigh Kerr, PhRMA

Committee Members Not Present:
Bill Hancock, Long Term Care Pharmacy Coalition

DMAS Attendees:
Donna Proffitt, Pharmacy Manager
Rachel Cain, PharmD
MaryAnn McNeil, Pharmacist

Other Attendees:
Mark Hickman, CSG/VSHP
Bill Crupper, Virginia Chain Drug Stores
Hunter Jamison, EPIC Pharmacies
Deb Stephens, Anthem
Lindsay B. Winter, Anthem
Rick Shinn, Virginia Community Healthcare Association
Otto Wachsmann, Stony Creek Pharmacy
John Minneic, ViiV Healthcare
Mickey Minnick, Otsuka Pharmaceuticals
Michele Wendell, Eisai, Inc.
Darren Ray, Neurocrine Biosciences
Tyler Cox, HDJ
Karin Addison, Troutman Sanders
Jodi Roth, Virginia Chain Drug Stores
Juanita Fulghum, Lafayette Pharmacy

Introductions
Donna Proffitt welcomed everyone to the meeting and asked everyone in attendance to introduce themselves.

Approval of Meeting Minutes from November 2017 and March 2018
Ms. Proffitt asked if there were any corrections, additions, or deletions to the draft meeting minutes from November 2017 and March 2018. With none noted, the minutes were approved by the Committee.

New Business

Medicaid Expansion
Ms. Proffitt gave a brief summary on Medicaid expansion. Virginians who may have applied for Medicaid in the past and been denied may be eligible beginning on January 1, 2019. Approximately 400,000 Virginia adults will be eligible for quality, low-cost health coverage.

Ms. Christina Barrille, Executive Director, Virginia Pharmacists Association (VPhA), read a letter (attached) written by Robert McClelland, PharmD sharing his concerns regarding Medicaid Expansion with the Committee. Two other pharmacists, members of VPhA, spoke on the plight of the independent pharmacist. Several Committee members recommended DMAS follow the West Virginia model to carve out pharmacy.

Medallion 4.0 Program including Common Core Formulary (CCF)
Ms. Proffitt provided a brief update regarding the new Medallion 4.0 Program. The Medallion 4.0 program will provide services for approximately 761,000 Medicaid and FAMIS eligible members including infants, children and adults in the low-income families with children (LIFC) group, pregnant women, FAMIS MOMS, foster care and adoption assistance, children with special health care needs, and teens. Medallion 4.0 will be a 1915 (b) waiver program that will cover the basic Medallion 3.0 and FAMIS populations. The same six (6) health plans contracted with the CCC Plus program are also contracted with the Medallion 4.0 program. GAP members, currently enrolled in FFS, will transition to a managed care health plan on January 1, 2019. Plan First members will also transition to managed care on January 1, 2019.

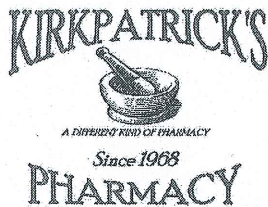
The CCF is a list of "preferred" drugs on DMAS' Preferred Drug List (PDL). Medallion 4.0 and CCC Plus managed care health plans are contractually required to cover all drugs on the CCF. Medallion 4.0 Health plans will be required to comply with CCF effective August 1, 2018. The CCF will also apply to the new Medicaid Expansion population.

Addiction Recovery and Treatment Services (ARTS) update
Ms. Proffitt provided a brief update of DMAS' ARTS program that was launched on April 1, 2017. There are now approximately 90 Office Based Opioid Treatment (OBOT) providers available to DMAS members, allowing them to receive the evidenced based counseling and therapies for substance use disorders.

Commonwealth Coordinated Care (CCC) Plus Program update
Ms. Proffitt shared an update on Virginia's CCC Plus program. This is a statewide Medicaid managed care program for over 212,000 individuals designed to improve health outcomes. Participation is required for qualifying populations. The integrated delivery model includes medical services, behavioral health services and long term services and supports (LTSS). This program will provide care coordination and person-centered care with a interdisciplinary team approach.

Next meeting
The next PLC Meeting is scheduled for Thursday, November 1, 2018 10AM-12PM.

The meeting was adjourned at 11:18 AM.



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07/17/18

To the Pharmacy Liaison Committee:

As a pharmacist and a pharmacy owner, I wanted to take the opportunity to address the committee regarding ongoing concerns that I and other pharmacy owners in the state of Virginia are facing.

Even though many of the problems that pharmacies were experiencing with the roll out of the new CCC PLUS plans have been addressed and improvements reached, one glaring issue remains, and that is the ongoing struggle with poor pharmacy reimbursement and reimbursement below acquisition cost.

Over the past several months, multiple studies and reports have been released by states all across the country detailing PBM abuses and poor/under reimbursement to pharmacies, with independent pharmacies most often being targeted and adversely affected. VPhA has presented this data to multiple high level administrators within DMAS to make clear what is happening within the profession of pharmacy here in Virginia

Here is Virginia, small, independent pharmacies that serve rural areas and medically underserved areas and high Medicaid populations are facing low reimbursement levels that are closing many stores and limiting access for Medicaid recipients. Ten to fifteen years ago, there was a concern about a PHARMACIST SHORTAGE, now the state is facing a PHARMACY SHORTAGE due to critically low pharmacy reimbursement.

In regards to my pharmacy, we serve a very large Medicaid population in one of the poorest cities in the state. We provide free prescription delivery services, weekly pill boxes and monthly medication adherence packages, refill reminder phone calls, proper measuring devices for children's liquid medications and many other services to this population in order to make sure they have access to medications, reduce the need for hospitalizations and other medical care, and we have to provide these services for free because of the socioeconomic condition of the city. Yet, we can barely get reimbursed for the cost of the medication. We struggle to keep the business going every day because we take care of the patients other pharmacies cannot help or do not want to help. All I as an owner want is to be compensated and appropriately reimbursed for the entire body of pharmacy care and services we provide to this population.

This issue cannot be ignored any longer and steps must be taken now to undo the damage caused by PBM reimbursement issues that are adversely affecting patient care and access. With the expectation of several hundred thousand new recipients in the coming years, where will this population go for pharmacy services, especially in rural and medically underserved areas? I and other pharmacy owners call upon DMAS to intervene now to correct and rectify this situation.

Sincerely,

Robert McClelland, PharmD

Cyrus Kirkpatrick Pharmacy

Petersburg, Virginia