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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
PHARMACY
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
February 14, 2024
Commencing at 1:00 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Ron Poole, TAC Chair

Philip J. Almeter

Matt Carrico

Meredith Figg

Jill McCormack (not present)

Rosemary Smith

Paula Straub (not present)

1 P R O C E E D I N G S

2 MS. BICKERS: Ron, it is now 1:00,
3 and the waiting room is cleared. I only show
4 yourself, Rosemary, and Meredith as committee
5 members logged in. If I missed anyone,
6 please let me know.

7 CHAIRMAN POOLE: Hopefully we'll
8 have somebody joining us because we need one
9 more for a quorum; right?

10 MS. BICKERS: Yes.

11 CHAIRMAN POOLE: Okay.

12 MS. BICKERS: But I will keep an
13 eye out.

14 CHAIRMAN POOLE: Jill definitely
15 won't be on. She's on vacation. She let me
16 know that ahead of time. Paula hopefully
17 will be on, and Mr. -- or Philip also
18 hopefully, or Matt will be joining us but --

19 MR. CARRICO: I'm here, Ron.

20 CHAIRMAN POOLE: I tell you what --
21 okay.

22 MS. BICKERS: I was going to say,
23 Matt just joined us.

24 CHAIRMAN POOLE: Awesome. Awesome.
25 Okay. At least we've got a quorum.

1 All right. Just want to call the meeting to
2 order. Wish everybody a Happy Valentine's
3 Day. We do have a quorum, and do I have
4 anybody who -- when I sent out the minutes --
5 that needs to make any changes to the prior
6 minutes from December?

7 (No response.)

8 CHAIRMAN POOLE: Okay. Without
9 hearing any changes, do I have a motion to
10 approve them?

11 MS. SMITH: I make a motion to
12 approve the minutes.

13 CHAIRMAN POOLE: Okay. Motion by
14 Rosemary. Do I have a second?

15 MR. CARRICO: Second.

16 CHAIRMAN POOLE: Second by Matt.
17 Any further discussion?

18 (No response.)

19 CHAIRMAN POOLE: All those in
20 favor, say aye.

21 (Aye.)

22 CHAIRMAN POOLE: Okay. Any
23 opposed?

24 (No response.)

25 CHAIRMAN POOLE: I believe I heard

1 Philip's deep voice on there, so we've got
2 five of us on here now.

3 I just wanted to give Medicaid the
4 opportunity to -- on the change for
5 fee-for-service from Magellan to MedImpact,
6 is there any updates or anything that you all
7 need to let us know? I just put it on there
8 because it seemed pretty seamless on our
9 side. Didn't know if there was anything else
10 we needed to help you out with on that
11 change.

12 (No response.)

13 CHAIRMAN POOLE: And, Commissioner
14 Lee, I didn't see Fatima on here yet, but I
15 didn't know if you wanted to give us -- if
16 there's any problems that you all incurred or
17 anything you need our help with on that
18 change.

19 COMMISSIONER LEE: I don't think so
20 at this time. From everything I heard, you
21 know, the transition has been going pretty
22 smooth. And for you all to say it's seamless
23 on your side, that's wonderful news. We will
24 continue to monitor and reach out if we see
25 any issues that we think that you can assist

1 us with. I think there have been, you know,
2 one or two major -- minor little things that
3 we have corrected in-house. But other than
4 that, no major issues. But we'll definitely
5 let you know if there's something that we
6 think that you all can help us address.

7 CHAIRMAN POOLE: Okay. And,
8 Commissioner, on that topic, even though this
9 is just -- I've had a couple of people that
10 do service fee-for-service facilities and see
11 a lot of fee-for-service residents that are
12 trying to engage with their physicians on
13 providing the vaccinations.

14 Is that active now? Like, is there
15 coverage for the fee-for-service people for
16 vaccinations by a pharmacist? I know it was
17 approved, but I didn't know when it got
18 activated.

19 COMMISSIONER LEE: I'm not sure.
20 I'll have to follow up on that. I just want
21 to make sure that it's -- it's for
22 individuals who are in facilities? Are the
23 pharmacies going into the facilities, or the
24 individuals are coming into the --

25 CHAIRMAN POOLE: Either way. If

1 they are fee-for-service right now -- well,
2 it used to be that there was not
3 reimbursement for pharmacists providing a
4 vaccination, but you all did change that.
5 But I did have Paula Miller from Ruwe
6 Pharmacies in northern Kentucky, they service
7 quite a bit of long-term care. And at this
8 time, they still could not bill a claim.

9 Now, that was as of last -- a week ago
10 Monday that I talked to her. So I just -- if
11 I could just get an update because, I mean,
12 it already got approved. I thought it was
13 already active, and I don't have anybody to
14 re- -- I mean, I didn't have -- oh, Ben has
15 got his hand up. Do you have an answer
16 there, Ben?

17 MR. MUDD: It is not active yet. I
18 had a member reach out this week that it's
19 still not working. So I don't know what
20 the -- I think it would be good to get an
21 update on when we think that's going to go
22 into effect or anything we can do to help,
23 but I can say it's not active right now.

24 MS. JUMP: I'll follow up with the
25 directors. At this time, it's just COVID

1 vaccinations, are the only ones that are
2 covered through pharmacy, but I'll get a
3 better update on a time frame we can look to.

4 CHAIRMAN POOLE: Okay. And then,
5 Commissioner Lee, all you've got to do is,
6 you know, if -- whatever update, just let Ben
7 know, and he can get it out to all the
8 pharmacy and Rosemary -- Ben and Rosemary
9 both.

10 COMMISSIONER LEE: Okay. Thank
11 you. Yeah. I'll follow up on that. And
12 thanks, Jessica, for that information, and
13 we'll circle back with you.

14 CHAIRMAN POOLE: Okay. Thank you.

15 MS. BICKERS: Commissioner and Ron,
16 if you don't mind. I'm sorry. This is Erin.
17 Guys, if you're not speaking, if you don't
18 mind to mute. There's some feedback and
19 mumbling in the background, and it makes it
20 hard for the court reporter to capture
21 everything. Thank you. Sorry to interrupt.

22 CHAIRMAN POOLE: Oh, that's fine.

23 COMMISSIONER LEE: That might have
24 been mine, Erin. I think that -- I'm in a
25 cubicle, and all of the individuals walking

1 back and forth may have made that noise.

2 CHAIRMAN POOLE: Yeah. I
3 barricaded myself in the break room back here
4 hopefully to get some peace and quiet.

5 As far as the community health worker
6 discussion, I know Justin Dearing is on --
7 on the line here with us. Justin, you've got
8 your hand up.

9 MR. DEARINGER: Yes, sir. How are
10 you? Can you hear me?

11 CHAIRMAN POOLE: Yes, sir. Go
12 ahead.

13 MR. DEARINGER: Good. Good. Yeah.
14 I wanted to start off by saying I know that
15 the pharmacy billing for vaccine is in the
16 works. I think it's in the program area as
17 far as the system change part. And so that
18 is -- I can't give you a time frame. I'm not
19 sure if we -- we never really get a time
20 frame. We put the system changes in and then
21 they go into effect at whatever point the
22 system team can get those into place.

23 But those are -- those are, you know,
24 done, and those are usually backdated to
25 whenever -- you know, whenever those are

1 first approved. So we can kind of get you
2 that date moving forward.

3 CHAIRMAN POOLE: Okay. Justin,
4 what's -- I'm sorry to interrupt. What -- is
5 it going to allow pharmacists to be able to
6 work with our community health workers on
7 carrying out the various duties and being
8 able to control those orders, or what -- what
9 are you all seeing as the best -- or the fit
10 for pharmacists to get involved?

11 MR. DEARINGER: So that was -- that
12 update was for vaccines. For community
13 health workers, I believe that proposal is
14 still being reviewed and looked at as to how
15 best to implement that. So I don't know if
16 we have any conclusion to that right now.

17 CHAIRMAN POOLE: Well, I just want
18 to put it in your ear that if we as a
19 group -- pharmacist practitioners, if we need
20 to do something statute-wise, I would really
21 appreciate you, you know, giving us a
22 heads-up obviously as soon as possible, so we
23 can get those changes made. So if there's
24 something that, you know, ties your hands
25 behind your back or whatever that don't allow

1 us to do whatever, I just appreciate you just
2 giving us a heads-up saying, hey, if you all
3 take care of this in this regulation or
4 statute, that would really free up for
5 pharmacists to work with our community health
6 workers.

7 MR. DEARINGER: Absolutely. No. I
8 think we've got what we needed in the
9 regulatory part. And so right now, we're
10 just kind of in the research stage. As you
11 know, whenever we add something new, it's a
12 lot of research and development trying to put
13 it all together and, you know, come out with
14 a correct policy and limitations and all that
15 kind of stuff. So that's kind of where we're
16 at in the -- still in the developmental stage
17 of that.

18 CHAIRMAN POOLE: Okay. And,
19 Justin, since I was on a -- in my mind on a
20 completely different topic when you gave your
21 first answer, could you review again about
22 the vaccinations for the fee-for-service,
23 what you said, please?

24 MR. DEARINGER: Sure. So that's in
25 the -- it's in the process of being changed.

1 We give the change orders to our system
2 analysts. They make the changes in the
3 system. And, of course, as you can imagine,
4 there's, you know, hundreds upon hundreds of
5 those changes. They have very limited staff.
6 So it's put in an order and then it kind
7 of -- as they get it done is when it goes.

8 So we can kind of get you a date of when
9 it will be backdated, but we can't really
10 give you a great date of exactly when it's
11 going to be live or active.

12 CHAIRMAN POOLE: Okay. Well, and
13 there's -- obviously, the priority y'all had
14 was to get everybody switched over from one
15 carrier to another, so you had that in the
16 way at the same time you're trying to make
17 these changes. So we understand so...

18 Ben, you still have your hand up. Is
19 there something else you wanted to add?

20 MR. MUDD: Nope. Just don't know
21 how to use Zoom.

22 CHAIRMAN POOLE: Commissioner Lee,
23 go ahead.

24 COMMISSIONER LEE: Thank you. I
25 just wanted to add on to Justin's community

1 health worker topic. I have a few stats I
2 think might be interesting for you.

3 Since we allowed providers to begin
4 billing on July 1st of 2023, 39 providers
5 have billed for community health workers
6 totaling approximately \$35,000 for about
7 1,218 members. So as Justin said, we
8 continue to look at the community health
9 worker policy. There would not be a -- need
10 to be a statute to change.

11 But I had a conversation with national
12 leaders yesterday related to community health
13 workers specifically, and we do have some
14 plans to talk to a few states who have been
15 allowing pharmacies to order community health
16 worker services.

17 So, again, just wanted you to know that
18 we are looking at that and wanted to, if I
19 could, just revisit the vaccine. So we're
20 just talking about -- the vaccines for
21 fee-for-service, we're just talking about
22 those that are in long-term care facilities
23 right now or in facilities. Because I do
24 know that there was a recommendation made
25 for -- to allow pharmacies to cover a broader

1 array of vaccines within the community,
2 within your pharmacy settings. So I just
3 wanted to make sure that we weren't confusing
4 those two things. So what we're talking
5 about right now is just the fee-for-service.

6 CHAIRMAN POOLE: Yes. Yeah. We're
7 fine on the other side. And, again, where
8 this has developed is because a lot of
9 doctors or a lot of physicians who are over
10 long-term care units, they've grown
11 accustomed to pharmacists doing -- or
12 performing vaccination services of all the
13 different vaccines we can provide.

14 So, you know, they just give the order.
15 Hey -- you know, talking to especially like
16 Paula Miller at Ruwe, saying, hey, Paula, you
17 know, we need to provide this coverage, you
18 know, asking them to go ahead and do it. And
19 then she's got to tell them, well, we've got
20 to wait till this gets covered under our
21 fee-for-service because right now, it's still
22 going to have to be under a physician.

23 So that's where it's coming from. It's
24 not really that -- the pharmacists didn't
25 push for it. I think the physicians are

1 pushing for it because they've just grown
2 accustomed to that service provided by the
3 pharmacists so...

4 COMMISSIONER LEE: Thank you for
5 that background.

6 CHAIRMAN POOLE: Okay. You're
7 welcome.

8 If anybody else wants to comment on our
9 HPV vaccine update. We've had another
10 meeting, very good meeting. Dr. Theriot is
11 working on the protocol as we speak. I think
12 everybody who's been on those calls,
13 everybody just -- we just think of all the
14 considerations. And I know she's working on
15 that right now so -- but I appreciate Anthem
16 and all the other MCOs that put their two
17 cents in and trying to work through this.

18 So I think it's going to be a big
19 success, and hopefully we can move -- move
20 the needle and the mark on getting that HEDIS
21 score -- state HEDIS score on HPV up quite a
22 bit so...

23 Does anybody else have any comments to
24 make about our meeting or the status?

25 (No response.)

1 CHAIRMAN POOLE: Okay. And then,
2 Ben, I just put it on here to make sure that
3 we still weren't having issues on vaccine
4 counseling billing standardization. I didn't
5 know if -- obviously, you all have been
6 fielding all the phone calls on it, Ben. So
7 I didn't know if we had a few MCOs that
8 people are still struggling with or if
9 there's a lack of standardization between the
10 MCOs. I just wanted to give you an
11 opportunity to comment on that.

12 MR. MUDD: Thanks. I think at this
13 point, we've worked through the process for
14 most of the MCOs, and we're just working to
15 spread the message that folks need to start,
16 you know, billing for these encounters. And
17 if there are one-off situations, then we'll
18 work through those. So I know we've seen
19 paid claims from -- I think I can say four of
20 the six MCOs at this point.

21 CHAIRMAN POOLE: Awesome. Great.

22 MR. MUDD: Thanks.

23 CHAIRMAN POOLE: And I just got
24 some -- same FYI down there for People's
25 Resources to look at things there. The only

1 thing I'm still trying to work -- just to let
2 Commissioner Lee know, I'm still trying to
3 work with my pharmacy software system
4 because, obviously, there's, oh, four pretty
5 popular systems statewide as far as
6 independents. And then, of course, each of
7 the big companies have their own software,
8 too.

9 But I'm trying to find a way to
10 streamline that, looking through the database
11 using our software systems to find those
12 claims that we can identify and re-bill. So
13 I'm trying to work at it from our side to
14 utilize that database. So just to let you
15 know what I'm trying to work on there.

16 Because, at first, I was thinking, well,
17 we could get some help from the MedImpact
18 side. But really, you know, when you're
19 dealing with six -- well, when you're dealing
20 with probably ten different software systems,
21 pharmacy systems, it makes more sense for us
22 to maybe look from our side to try to
23 simplify things. So I just wanted to give
24 you an update on where I was thinking on
25 that.

1 COMMISSIONER LEE: Thank you. And
2 if you do, you know, come up with some that
3 you need us to help do a little bit of
4 research, if you provide that example, we can
5 definitely help you do a little bit of
6 research on our end.

7 CHAIRMAN POOLE: Okay. Thank you
8 very much.

9 Okay, Rosemary. On the cost saver plan
10 under new business, I was -- I've been
11 exposed to that a little bit, but I think
12 you've got more details than I do on it.

13 MS. SMITH: Just I've had our
14 members from across the state for the last, I
15 guess, three weeks, you know, bring this to
16 my attention about this, the Caremark Cost
17 Saver plan. And I know I was in on a Zoom
18 call with Commissioner Chamness to discuss,
19 you know, this issue. And I just was -- just
20 wanted to bring this up.

21 I think it's very concerning to
22 independents, you know, across the state
23 that, all of a sudden, we see -- and I have
24 many examples of this, that our patients'
25 co-pays from December to January -- even

1 though the State was told on the State
2 Employee Health Plan that their co-pays --
3 that their members would be saving money.
4 But I have been able to show the commissioner
5 that, in fact, that is not happening, that I
6 can compare December claims to January
7 claims. And in most instances, the co-pay
8 for the patient is higher.

9 But in every case that we find this
10 issue, the pharmacy is being clawed back
11 money. And, obviously, we're not sure where
12 the money is going. You know, it's
13 supposedly being -- our claims are being
14 rerouted to GoodRx who then is rerouting them
15 to a number of PBMs, I think Express Scripts.

16 So I think it's very concerning to all
17 of us that -- and I can show examples from
18 our pharmacy that, you know, we were losing
19 money on the first claim and then we're
20 losing that extra \$7 or 6 or 5, you know,
21 that much more in the second claim.

22 So, you know, I think -- you know, where
23 is this money going? Why are we being forced
24 to accept a discount plan that none of us
25 accept across the board?

1 So I just didn't know if anybody else
2 had any comments about this from -- you know,
3 from the perspective of providers.

4 CHAIRMAN POOLE: Well, I'm with you
5 on this. I've been working with John Gentry
6 here in town and some other pharmacies
7 because it takes all of us to figure these
8 convoluted plans out like this. But this is
9 a case where one of the big three PBMs are
10 actually making money off of eight other PBMs
11 and, like usual, pharmacy providers.

12 Greg Reybold is a legislative affairs
13 director for a buying group in Alabama. I
14 had a long talk with him about this, and
15 he -- I set up a meeting with him and the FTC
16 because Greg was so much more well-versed in
17 all the different avenues that this entails.

18 I think Ben has a really good analogy
19 about, you know, when somebody wants to
20 question and say: Well, doesn't it still
21 save consumers money? I think Ben puts it a
22 lot better than I can.

23 But yes, there's been a bunch of work
24 done on this, Rosemary. And the meeting
25 between Greg Reybold and his -- and it's

1 actually the investigative body for the FTC
2 on the PBM 6(b) study. They had an
3 hour-and-a-half meeting on this topic. So
4 that's pretty good news because, you know,
5 this is something that was brand new to all
6 of us.

7 And, unfortunately, our state employee
8 system is part of it. And the bad thing is,
9 is our -- this particular plan is intertwined
10 with other larger contracts. So somebody
11 cannot just opt out of this particular
12 contract that actually is taking money away
13 from our customers.

14 We know it's always taken money away
15 from us. But when you see somebody having to
16 pay a 20-dollar co-pay when, last month, they
17 paid 10, and then they're clawing back 10 and
18 \$12 of that, I don't think it's -- I mean,
19 you know it's a convoluted mess. But I don't
20 think it takes an Einstein to figure out, you
21 know, the money is being pulled back from
22 both the patient -- or the patient is paying
23 more, so more money can be pulled back and
24 shared with all these different PBMs. So
25 it's frustrating.

1 Go ahead, Ben.

2 MR. MUDD: And the context of this
3 in Medicaid is -- for those people that might
4 be dual eligible; right? So you have to
5 bill -- you have to let that claim stay
6 adjudicated before you can bill Medicaid
7 secondary. Is that -- is that the problem as
8 it relates to Medicaid?

9 CHAIRMAN POOLE: I believe so. And
10 I think it's easily inflated the cost to
11 Medicaid. Because, again, Rosemary has
12 already pointed out, just in her own -- own
13 pharmacy showed where those claims are higher
14 now than they were a month ago.

15 So, obviously, if you're filling that
16 secondary, which is just an inflated price in
17 order for the clawback fee to be taken away
18 from the extra cost on a co-pay to the
19 patient and then Medicaid is picking up the
20 difference, I mean, that's a big -- that's a
21 big consideration.

22 MR. ALMETER: I think the plan
23 itself, this whole structure is horrible. It
24 has -- we saw a night-and-day difference. I
25 have a patient who is recovering from cancer,

1 a single mom with four kids. And her
2 out-of-pocket costs skyrocketed because
3 instead of paying a copayment, we adjudicate
4 a claim and then there's a post-edit
5 adjudication that occurs that -- because we
6 don't have contracts with GoodRx. But it
7 goes through this separate system, price
8 shops, comes back with a cash price that they
9 think is good, and they forward it to her.
10 Hey, we're saving your plan money, but now
11 you've got to pay this much.

12 The part that's really difficult is what
13 we have to tell the patients. I do think it
14 can be bad for Medicaid as well, but it's
15 just bad for patient care. And,
16 unfortunately, a large number of patients
17 we're seeing are in the Kentucky Employee
18 Health Plan. And they were -- this was not
19 anything they signed up for, in talking to
20 these people. These changes just occurred
21 behind the scenes to save money.

22 And the part that really irritates me as
23 a pharmacist is that we're paying -- some of
24 these, I've seen, like, \$5 adjudication fees
25 to a third party that does absolutely

1 nothing. And they get a rebate on this, and
2 they're doing nothing. But we're paying them
3 that passes to another third party that we
4 don't intentionally do business with.

5 Anyway, I'm just going -- I'm going to
6 get off my soapbox now, but I dislike this.

7 CHAIRMAN POOLE: No. I appreciate
8 your comments. Look how much -- look how
9 many people it's affected already, I mean,
10 you know, the different people we have on
11 this committee even. And everybody is being
12 affected by this.

13 So hopefully, Commissioner Lee, if we
14 can get to the bottom of this. And, again, I
15 think it was just that much more information
16 that the Federal Trade Commission took in to
17 their -- I mean, this Greg Reybold said there
18 was some -- there was some pretty ugly
19 comments made about this particular plan
20 after they questioned it and got to the
21 bottom of it. But you're dealing with, as
22 far as has been documented, eight different
23 PBMs plus GoodRx. It's -- convoluted is not
24 even really describing how crazy, if you had
25 to follow the money.

1 Because I've had a pharmacist friend of
2 mine call up the PBM who he originally
3 adjudicated it with, and the fellow said, I'm
4 not seeing that claim. And that's who he
5 originally sent it to, and he says, I've got
6 the response here. And it's telling me it's
7 going through -- you know, it doesn't make
8 any difference -- X, Y, Z PBM. And he
9 goes -- and the guy on the other end who he
10 originally sent it to is like, I'm not seeing
11 this claim.

12 So it ought to tell you the unbelievable
13 digital mess that's put in place just to
14 deceive and claw back more money from our
15 patients, and it's crazy.

16 MS. SMITH: Ron.

17 CHAIRMAN POOLE: Yes.

18 MS. SMITH: I was on a call
19 yesterday with NCPA, and we were discussing
20 this matter. And they -- the officials there
21 were saying that three or four states have
22 already somehow allowed -- gotten this turned
23 off.

24 Now, they didn't know the particulars,
25 and I haven't really had a chance to get into

1 that. But evidently this is not just
2 Kentucky. It's across the board. And there
3 must be a way that we can get this turned
4 off, but I didn't -- I don't know how we can
5 do that. I don't know if anybody knows
6 anything about that.

7 CHAIRMAN POOLE: Well, if you could
8 share your contact with me and Ben and
9 whoever, all of us can try to contact NCPA
10 and try to figure out -- you know, get to the
11 states that were able to do something.

12 Go ahead, Matt. You've got your hand
13 up.

14 MR. CARRICO: Thanks, Ron. I just
15 kind of -- like Ben said, I want to kind of
16 put this in context of how it relates to
17 Medicaid just to wrap it all together.
18 Because for those of us who are on the front
19 line, we're talking shop, and we all know
20 what we're talking about. But for someone
21 who might not be, they might be confused by
22 what we're talking about.

23 So Caremark put in GoodRx to help lower
24 some of the cost and -- with the state
25 employee plan, which is the largest

1 commercial plan in the state. So they are
2 raising the cost. They send us negative
3 reimbursement, so we're basically paying for
4 the prescription to go up. When it's a dual
5 eligible, we're sending that claim to
6 Medicaid.

7 So GoodRx is raising the price of it.
8 Then during the clawback, they're taking back
9 part, if not all, of the dispensing fee that
10 Medicaid is paying us. So Medicaid is paying
11 GoodRx to raise the price of prescriptions,
12 is how I see it relating to Medicaid and an
13 issue going on there.

14 So we're basically paying another PBM or
15 more to raise prescriptions and pay us less.

16 DR. ALI: So you mentioned the
17 GoodRx part of this is clawing back the
18 Medicaid dispense fee?

19 MR. CARRICO: When they -- say I
20 just bill -- I'm just going to use arbitrary
21 drug names and prices here, but say I bill
22 Lisinopril. They'll send me back negative \$7
23 and then make the co-pay 10. And then when
24 we bill it to Medicaid and we get paid 10.64
25 plus the cost, they're taking back 7 of that

1 10.64 that Medicaid is paying. So we're
2 basically getting, at that point, a \$3.64
3 dispensing fee. So we're kind of getting
4 middle-manned out of the dispensing fee that
5 we fought to statutorily have.

6 DR. ALI: And is this part of a
7 primary payer that you're billing to
8 initially and then Medicaid is a secondary,
9 or is this all Medicaid?

10 MR. CARRICO: It's primary payer.
11 So it's through Caremark commercial plans and
12 then -- I'm not sure if all of them signed up
13 for the GoodRx, but I know the state employee
14 plan did.

15 And then when you bill Medicaid
16 secondary, the dispensing fee, it's
17 getting -- part of it, depending on how much
18 they claw back for that script, is going to
19 GoodRx or -- it's going somewhere. It's not
20 going to us, whoever GoodRx splits their
21 money with. It's a very tangled web.

22 But I think that kind of covers how it
23 relates to Medicaid and the issue we're
24 having, unless someone else needs to correct
25 me or add something to it.

1 CHAIRMAN POOLE: Commissioner Lee
2 put a note in the chat that she's going to be
3 checking with her people on this and just
4 seeing -- seeing what can be done. And,
5 obviously, we need to check on our end, work
6 with NCPA. If other states have been
7 successful in getting this plan turned off,
8 which is nothing but a bump-up to make the
9 PBMs more money at some of -- at the cost of
10 both the provider, us, and Medicaid, we need
11 to certainly work together on this.

12 DR. ALI: And is this the Kentucky
13 State Employee Health Plan, or is this
14 somebody else?

15 MR. CARRICO: It's one of the plans
16 that has this. There's other Caremark
17 commercial plans that have it. Like I said,
18 I'm not sure of all of them, but the State
19 Employee Health Plan definitely is part of
20 it.

21 DR. ALI: Okay. Yeah. We have
22 some contacts, and we can probably reach out
23 to them as well.

24 CHAIRMAN POOLE: Okay. And on this
25 second topic there, Rosemary, I was just

1 going to let you set that up.

2 MS. SMITH: Sorry I keep bringing
3 up everything today, but I just keep hearing
4 from members all across the state.

5 I guess this started again January, the
6 first couple of weeks of January. I had my
7 KIPA members contacting me about -- it turns
8 out it looks like these are Medicare
9 Advantage Plan dual-eligible patients. And
10 the products, after we finally started
11 tracking this issue down, are DME products,
12 mainly diabetic supplies.

13 And all of a sudden -- you can compare
14 again claims from December of last year to
15 January of this year. And where the
16 patient -- a dual-eligible patient last year
17 had no co-pays, this year, all of a sudden,
18 there are these large co-pays that are coming
19 back to the pharmacy saying that this
20 dual-eligible patient owes this co-pay.

21 And I've had members spend hours on the
22 phone. The first couple of members that told
23 me about this were on the phone and finally
24 were given an override from Anthem. And this
25 is -- so far, it's been Anthem that we've

1 seen this for.

2 And I think that what was really
3 distressing to me was not only the time they
4 spent, but after they received the override,
5 which meant they didn't have to charge the
6 co-pay, they were -- there was almost a
7 threat that we're -- you're not compliant.
8 This pharmacy is not compliant, and you're
9 going to be reported.

10 And then that -- the same -- some of the
11 same patients that were involved -- because
12 the pharmacy was trying to get these -- you
13 know, these patients their strips or their
14 lancets or what -- and the patients -- I
15 guess the patients must have called and
16 reported and saying, you know, I don't --
17 shouldn't have a co-pay, or why am I having a
18 co-pay? And a couple of the patients were
19 advised to find a different pharmacy.

20 And that, to me -- you know, that wasn't
21 the issue. The issue, I think, is with
22 Anthem. And I've had -- I've sent a lot
23 of -- just today, I was able to get examples
24 to Dr. Ali and to an Anthem representative.
25 But it's a pretty widespread problem, and

1 it's from different areas, I mean, different
2 parts of the state.

3 But it's not -- it's hard to explain
4 without seeing exactly what's going on.
5 Because sometimes it will come back and say
6 that you -- you know, you can't bill the
7 patient the co-pay. You have to just take
8 that loss.

9 So I just wondered if anybody else was
10 seeing this and, you know, what our -- you
11 know, how could we resolve this issue.

12 DR. ALI: Yeah. So I see Angela
13 Kamer-Lay from Anthem is on. I don't know,
14 Angela, if you had time to look at some of
15 the examples that were provided, but any
16 updates you can provide would be appreciated.

17 MS. KAMER-LAY: Yeah. Thanks,
18 Fatima. And thanks again, Rosemary, for
19 getting those examples over this morning.
20 That helps a lot. We are looking into the
21 examples that you shared, and we'll
22 communicate out once we hear something. We
23 are engaging different teams at this time, so
24 we do appreciate you letting us know that
25 this is occurring.

1 CHAIRMAN POOLE: Okay. And then,
2 Angela, if you can just, you know, give Ben
3 and Rosemary an update whenever you can
4 figure this out. Because, obviously, this
5 is -- you know, we're just trying to provide
6 the same service that had been provided in
7 the past, had zero co-pay. And, obviously,
8 these people are wondering why, all of a
9 sudden, there's a co-pay.

10 And we're trying to go to bat for them,
11 and it seems like we're kind of being shaded
12 that we're doing something wrong when we're
13 just trying to get stuff paid for for the
14 patient so...

15 MS. SMITH: Ron, one of the --

16 MS. KAMER-LAY: Oh, sure. I
17 understand. I -- go ahead.

18 MS. SMITH: Sorry. One of the
19 examples I had was from the same pharmacy,
20 and they were patients, the exact BIN, PCN,
21 and group number. One patient was dual
22 eligible. The other patient was not dual
23 eligible. Both were getting diabetic test
24 strips. And the patient that was dual
25 eligible who in December had no co-pay had a

1 large co-pay in January. The other patient
2 who was not dual eligible in January had zero
3 co-pay. So that didn't make sense either.
4 You know, the patient that wasn't dual
5 eligible had zero co-pay.

6 So -- but those examples have all been
7 provided, so hopefully we can get to the
8 bottom of this.

9 MS. KAMER-LAY: Yes. And thank you
10 again, Rosemary. I will reach back out.

11 CHAIRMAN POOLE: Okay. Thank you.

12 Okay. Does anybody have any other
13 business to go before our committee today?

14 MR. MUDD: Hey, Ron, quick
15 question, and it may be something we just
16 need to add for a future discussion but --

17 CHAIRMAN POOLE: Okay.

18 MR. MUDD: On the beginning of the
19 year when we see changes to NADAC and WAC and
20 the -- you know, pharmacies were reversing
21 claims, and they were taking that out of
22 their payments the next week but then they
23 didn't get re- -- they didn't get paid for
24 the new claim until two weeks later.

25 I wonder if it would be possible to make

1 a recommendation that when claims are
2 reversed, that they sync those two up. Like,
3 even if it means that -- I understand it
4 takes two weeks to put the payment in
5 process. But is it possible to delay the --
6 you know, the reversal of funds by an extra
7 week, you know, at certain parts of the year
8 to try to accommodate that? Am I making
9 sense?

10 CHAIRMAN POOLE: Yeah. Basically,
11 the money is taken out immediately on the
12 reversal, but you're not getting paid for two
13 weeks on the new reimbursement. Is that what
14 you're saying? So we've got a cash flow
15 issue.

16 MR. MUDD: Right. Yeah. So is it
17 possible to work with MedImpact to sync those
18 transactions up even if that means holding
19 the reversal for an additional week so that,
20 you know, pharmacies aren't impacted
21 immediately and then getting the money two
22 weeks later?

23 CHAIRMAN POOLE: Fatima, can you
24 speak with MedImpact or --

25 DR. ALI: Yeah.

1 CHAIRMAN POOLE: I know we're not
2 going to get an answer today on that but --

3 DR. ALI: I know some folks from
4 MedImpact are on, but it's probably something
5 we have to take back unless MedImpact has any
6 thoughts.

7 (No response.)

8 CHAIRMAN POOLE: Okay.

9 DR. ALI: Okay. Let us take that
10 back, and we'll follow up.

11 CHAIRMAN POOLE: Okay.

12 MS. LAKSTINS-ALVAREZ: Sorry,
13 Fatima. I was trying to get off mute, and it
14 was not working. Yeah. We will have to take
15 it back because that's the way that finance
16 works for all of the MedImpact contracts. So
17 that would be a large change.

18 And it's -- and I don't know if it's
19 just been more prevalent because there's more
20 NADAC changes for large-dollar claims, that
21 you guys are seeing this now. Because a lot
22 of them that we're seeing are for claims that
23 are over \$1,000, and the NADAC has changed.
24 So I think that's really been the largest
25 impact here in January, but we can take it

1 back and inquire.

2 CHAIRMAN POOLE: Yeah. We would
3 appreciate any consideration there so -- and
4 if you need -- you know, if you need examples
5 or what have you, obviously, Ben and the rest
6 of us can work hard on getting you some
7 examples to just look at the data and how --
8 the difference in time frame on that.

9 MS. LAKSTINS-ALVAREZ: Oh, I have
10 plenty of examples --

11 CHAIRMAN POOLE: Oh, okay.

12 MS. LAKSTINS-ALVAREZ: -- I can
13 review with all of the pharmacists, yeah.

14 CHAIRMAN POOLE: Okay. All right.
15 Thank you.

16 Anything else anybody has?

17 (No response.)

18 CHAIRMAN POOLE: Okay. Just an
19 update. March 28th is the next MAC meeting.
20 I'll be either providing my report to our
21 pharmacy representative on the MAC, or I'll
22 present. And then our next PTAC will be
23 April 3rd.

24 And I apologize to everybody. Fatima
25 and I worked out a great deal that I delay

1 this meeting for a week. It just would have
2 been nice if Ron would have gone ahead and
3 informed Erin and everybody else about the
4 change. So that's -- that's my fault, so I
5 apologize for that. I just think you're all
6 clairvoyant and can read what's going on in
7 my mind so...

8 Anyway, do I have a motion to adjourn?

9 MR. ALMETER: Motion.

10 CHAIRMAN POOLE: Motion by Phil.

11 Second by?

12 MR. CARRICO: Second.

13 CHAIRMAN POOLE: Second by Matt.

14 All those in favor, say aye.

15 (Aye.)

16 CHAIRMAN POOLE: Any opposed?

17 (No response.)

18 CHAIRMAN POOLE: Happy Valentine's
19 Day, everybody. Thank you.

20 (Meeting concluded at 1:42 p.m.)

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2 C E R T I F I C A T E

3
4 I, SHANA SPENCER, Certified
5 Realtime Reporter and Registered Professional
6 Reporter, do hereby certify that the foregoing
7 typewritten pages are a true and accurate transcript
8 of the proceedings to the best of my ability.
9

10 I further certify that I am not employed
11 by, related to, nor of counsel for any of the parties
12 herein, nor otherwise interested in the outcome of
13 this action.
14

15 Dated this 21st day of February, 2024.
16
17

18 /s/ Shana W. Spencer

19 Shana Spencer, RPR, CRR
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