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

****

Via Videoconference
October 25, 2023
Commencing at 1:04 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Ron Poole, TAC Chair

Philip J. Almeter (not present)

Matt Carrico

Meredith Figg

Jill McCormack

Rosemary Smith

Paula Straub (not present)

P R O C E E D I N G S

CHAIRMAN POOLE: Welcome, everybody. Sorry about that. And we've got Matt, Meredith, Rosemary, and who else did you say? Because that's about the time everything froze up on me.

MS. BICKERS: Jill logged in.

CHAIRMAN POOLE: Oh, Jill is in there, too. Okay. All right.

MS. MCCORMACK: Hi, everybody.

CHAIRMAN POOLE: Hi. So we've established a quorum. Do we have any changes to the minutes from the 8/9/23 meeting?

MS. BICKERS: Ron, since your camera is not working, if Jill can turn her camera on, that should still give you a quorum to be able to vote on camera. That still gives you enough numbers since you're having camera issues.

CHAIRMAN POOLE: Well, see, my problem is, if I can -- I don't see my little box that's got my name on it to ask for video. That's the whole problem. Here. Hold on. Hold on.

MS. MCCORMACK: Maybe your screen

is minimized. You need to maximize it, and it'll pop up. Mine's across the bottom.

MS. BICKERS: You still have a quorum with enough members if you can't get it on.

CHAIRMAN POOLE: Well, I'm trying my --

MR. CARRICO: I can see you, Ron.

MS. MCCORMACK: Yeah. We can see you now.

MS. ALI: Did we lose Ron again?

MS. BICKERS: He's still logged in, but a phone number just logged in. Sometimes people log in on a phone and a computer, so I don't see that it dropped him.

MS. ALI: Okay.

MS. BICKERS: And it looks like he's gone. We did drop him this time.

MS. ALI: Okay. We can give him a few minutes.

MS. BICKERS: I don't see that he is logging back in. I'm not sure. Do one of the other members want to start down through the agenda until maybe he logs back in?

MS. MCCORMACK: Sure. I guess we

could try to handle it, huh? Matt? Rosemary? I think he would have --

MR. CARRICO: Sounds good to me.

MS. MCCORMACK: Yeah. I'm welcome to hand it over to anybody else but --

MS. SMITH: Please.

MS. MCCORMACK: Okay. Okay. So did we -- did we approve the minutes from the previous meeting?

MR. CARRICO: Not yet.

MS. BICKERS: You have not. If Jill can turn her camera on, you should still have a quorum or -- I'm sorry. Not Jill. Who do I not have on camera? There's Rosemary. Meredith is not on camera.

MS. FIGG: Well.

MS. BICKERS: Oh, there she is. Thank you. I had to scroll. My apologies. I see you now.

MS. FIGG: I was like, I see myself so...

MS. MCCORMACK: Okay. Can we get a motion to approve the minutes from the previous meeting?

MS. SMITH: I so move.

MS. MCCORMACK: And a second?

MS. FIGG: Second.

MS. MCCORMACK: Any negative votes?

(No response.)

MS. MCCORMACK: Minutes from the last meeting are approved.

And now I'm going to kick it over to old business. And, Matt, I think you wanted to talk about the Senate Bill 50 Savings Report which came out yesterday afternoon. I haven't really had a chance to go through it completely. I think, in looking at it --

MS. ALI: Yeah. Jill, that's understandable. I was going to say, you know, it would be helpful to provide any questions in writing, so we can take a look at it and answer those questions in completion.

I think, you know, if there are questions, we can try to address them here. But, you know, with the length of the report and how detailed it is, it might just warrant a separate meeting altogether.

MS. MCCORMACK: Yeah. And I do want to -- I do want to, you know, put the

floor over to Matt. But I read part of the "in brief," and it seems like the conclusion was, in the first year -- I mean, I guess I was kind of surprised because it was still doing a per-member-per-month calculation. I kind of thought it would be just a savings calculation.

But I think they said in 2021, there were some savings, significant savings. And then costs were back up in 2022, but that was not due to the reforms. It was due to other factors that included brand over generic, COVID, drug prices going up. That is all that sort of caught my attention.

I realize that there's only a couple of ways you can do that, and probably the folks that did it were limited. But I was really hoping that there would be something we could use, something that the PBMs don't try to latch onto and use against us as we try to make reforms, for the reforms here and in other states.

MS. ALI: Right. And I think the most important thing to note that we've been alluding to for quite some time is that,

No. 1, it's not an apples-to-apples comparison. And No. 2, you know, there are just so many different factors that play a role in this type of model.

And, you know, other states are trying to move to this model or something similar, and it's just -- it's hard to quantify and say, okay, you know, we saved X amount of dollars with this program. There's just -- there are just too many factors, and especially COVID just put the dent into it as well.

So lots to consider. And just the change in climate, the increase in drug prices overall, inflation, so on and so forth. There's just a lot. But I would -- I would agree with your sentiments, Jill.

MS. FIGG: Fatima, I think I was told that -- at the Joint Committee on Health Services meeting where this was discussed, that one item -- and I haven't had a chance to look at the full report yet either. But one item that was discussed at that meeting was about the rebates. And I think I was told -- I apologize I wasn't on that meeting.

I had surgery that day. But I think I was told there was a savings with the rebates in the billion-dollar range.

Do you happen to remember -- and maybe that's a question you can come back to us and tell us about. But do you happen to remember that -- that exact figure that was mentioned during that meeting?

MS. ALI: I can go back and pull it up. I myself was traveling that day, so I wasn't on the call. But I can -- I can certainly pull up my notes.

MS. FIGG: Okay. That would be one thing I would want to look at. I think it was a little disappointing that we didn't discuss the impact that that has on the pharmacy community. I think the savings are great, and that's what we all want -- right? -- is the State to have savings.

But there's certainly a component of cost that those -- you know, as we've all discussed on this meeting several times, that there's -- that comes at a cost to the pharmacies. So I want to make sure we continue to hammer home that point.

MS. ALI: Absolutely. Yeah.

MS. MCCORMACK: Matt, did you have any comments?

MR. CARRICO: No. I -- I mean, the point I was bringing up is just when we were going to get it. And like everyone else, I was staffing yesterday. So I only got to scan, and this is definitely a report that deserves more than a scan. It deserves a lot of time for digestion. So I think a follow-up on any questions we have and specific questions, we should probably submit before next meeting so everyone is ready to have answers.

I mean, my point was just when we were going to get the report. We received it. Now I think we just need to have a little time between meetings to read, digest, and analyze. And we can follow up next meeting.

MS. MCCORMACK: Yeah. So we'll probably need those questions in writing before that, so I don't know if you want me to send out a report to members after this that asks for what questions they have or if someone wants to reach out to Ron.

MR. CARRICO: I definitely think a follow-up with a few weeks ahead of time reminder to the committee with questions they will have would be good just so they can get to the people that will have the answers, so they're ready for our next meeting.

MS. MCCORMACK: Yeah. We'll -- NACDS will also do an internal analysis with our policy -- with our reimbursement policy staff to pick out the high points, and I'm -- certainly, they'll have questions.

So I -- I'd be happy to share those with the group to help kind of guide, you know, any questions you may have, and maybe they'll break it down a little bit for us.

MS. SMITH: Good idea. Jill, I think we'll send that out to our members, too. I sent the report out yesterday, you know, to our KIPA members, but no one has had time really to -- you know, to go through it. And as Matt said, we've just had time to scan it, so we'll all get together.

I think -- if you'd like to send it out, I think that would be great. Send it out for us to, you know, have a deadline to send the

questions in.

MS. MCCORMACK: Do you guys know off the top of your head what our next meeting date is, so I can give them a deadline?

MS. SMITH: November 30th. Is that right?

MS. MCCORMACK: Okay. Thank you.

MS. ALI: Yeah. So preferably before Thanksgiving.

MR. CARRICO: It looks like our next meeting is scheduled for December 13th, so yeah. November 30th would be a great deadline.

MS. ALI: Oh, okay. I'm sorry. I thought the meeting was November 30th.

MS. SMITH: I thought it was, too. Sorry.

MS. BICKERS: Thanks, Matt. I couldn't get off mute fast enough.

MS. MCCORMACK: I can probably look at the Web page and figure out when the next meeting is scheduled for.

CHAIRMAN POOLE: Can y'all hear me?

MS. MCCORMACK: There you are.

MR. CARRICO: Welcome back.

CHAIRMAN POOLE: December 13th is our next PTAC meeting.

All right. Where are we at before I get bumped off again? Because something is going on.

MS. MCCORMACK: Ron, we had initial -- we approved the minutes. We had a short discussion about the Senate Bill 50 Savings Report that came out late yesterday afternoon --

CHAIRMAN POOLE: Okay.

MS. MCCORMACK: -- which is complicated and a long report. And there's a lot of ifs, ands, or buts and variables. So I think we're going to have to do some digging through it to pick -- to pull out the high points and positives.

So if you would send that -- the report to the PTAC members and ask them to -- Fatima has asked us to get back to her ahead of the next meeting with any questions we may have for them to answer on the next call regarding the report, so give everybody a due date.

And then I volun- -- I know that our

internal policy folks will analyze that analysis. And when I -- whenever I have a copy to share, they probably will have questions that will be the same as others. And they may also -- I'm sure that they will pick out the high points that we're going to want to bang the drum a little on.

CHAIRMAN POOLE: Okay. And then we -- I've even reached out to the sponsors of the initial bill, and they're still trying to gather information from the report. So it's a little premature to do much right now so...

MS. MCCORMACK: Yeah.

CHAIRMAN POOLE: Okay. So any other comments about that report or ready to move on?

(No response.)

CHAIRMAN POOLE: Okay. Our next topic there is the pharmacy enrollment on the vaccination for children. Both Matt and Jill brought this to my attention, so if either one of you all want to take off with your comments on this.

MR. CARRICO: It was just brought

to my attention that there was some misunderstanding about it, and Jill seems to be the expert on this. So I'd feel more comfortable handing this over to Jill. She seems to be able to run with it better than I can.

CHAIRMAN POOLE: Okay.

MS. MCCORMACK: Okay. Hopefully I'm not wrong because I had our lawyers look at this. I had a bunch of people look at this, and our members all believe that this is the case.

So a rule passed several months ago, Medicaid rule that took out -- took out language in the rule around VFC, around pharmacists having to enroll in VFC and around having to use VFC stock.

And when you read it with the -- when you read it with the deletions, it strongly appears that as of the date of that rule, which I can't recall right now, that pharmacists no longer have to be VFC enrolled in order to get reimbursed by Medicaid for children, children's vaccines.

And I -- through emails just among this

group, I believe that there may be a thought that that is not exactly what's happening. I don't know, Matt. I don't know what you're hearing. I have not had any complaints from my members so far, but that doesn't mean that they've upgraded their systems to start this yet or to, you know --

MR. CARRICO: I was informed through KPhA that members are being told that they needed to enroll in the VFC for this. I don't have specific examples.

Is Ben or Shannon on the call? They are a little more knowledgeable of the specific concerns that people were bringing up.

MS. MCCORMACK: I mean, the intent of the rule said it was meant so that -- in the actual rule -- you know, the rule analysis that came out of the Commission said that that was the purpose of the rule and that there was zero fiscal impact, given preventable diseases and the savings that are generated by that, by getting vaccines.

So, Fatima, do you or anybody else at Medicaid have -- are we interpreting the rule incorrectly? Do we know why our members

believe that they still are being told that they still have to enroll in VFC?

MS. ALI: I'm not sure, to the latter point, why they're being told they have to enroll in VFC, and I did ask one of our VFC experts to join this call. So maybe Erica can shed some light on the enrollment piece.

But in terms of the stock, you know, you are correct in your understanding, that the stock can be used for a non-VFC member, for instance, so that there's no wastage.

Erica, did you have comments on the enrollment piece?

MS. MCCORMACK: Wait, wait. The stock can be used for a non-VFC member? The way we read it, the rule is that the pharmacy can use -- doesn't have to comply with a separate stock rule that VFC imposes on enrollees.

MS. ALI: Right. Yeah.

MS. MCCORMACK: Meaning that we -- that Walgreens can take the stock of MMR vaccines that they purchased from, I don't know, McKesson and use those for -- they

wouldn't have to use the stock that was already paid for by the Federal Government.

MS. ALI: Right. So I guess, then, that goes -- ties back into the enrollment piece. You know, because, to our knowledge, we don't know of any pharmacies enrolled in VFC --

MS. MCCORMACK: Correct.

MS. ALI: -- to this day.

MS. MCCORMACK: Correct.

MS. ALI: So --

MS. MCCORMACK: And you're not alone. It's like that in most states.

MS. ALI: Right. So I guess, then, the stock question comes in where -- I mean, I guess, would Walgreens even have a VFC stock to begin with?

MS. MCCORMACK: No. But I think that the rule was read because of what was deleted that not only was the stock -- was a stock participation -- you know, the stock -- the stock change but we -- that pharmacies can give vaccines and be reimbursed by Medicaid for the full product, the product cost and the administration fee which --

MS. ALI: Correct.

MS. MCCORMACK: -- just increased but without having to enroll in VFC. So they should be able to bill -- they should be able to bill the State for the product and the administration fee without being a VFC enrollee. Because that's how you create the climate where pharmacies can open up and vaccinate more children and give more access.

MS. ALI: Right. And I think it also ties back to Board of Pharmacy regulations, you know, that --

MS. MCCORMACK: Yeah.

MS. ALI: And now the Board of Pharmacy has it as nine plus unless you have a prescription to enroll, you know, like a six-year-old or something. So I think that also plays a role here. And, I mean, the nine plus has been in place for a while.

So in theory, the -- you know, if a nine- or ten-year-old comes in for a flu shot or for a routine vaccination, as long as you're set to administer and you have all the education requirements completed, the pharmacist should be able to vaccinate that

child.

MS. MCCORMACK: And be -- without enrolling in VFC and be reimbursed for the product and the administration fee?

MS. ALI: That is my understanding, yes.

MS. MCCORMACK: Right. So, Matt, I mean, I would think that Shannon would have thought of this. But maybe the confusion is coming in because we have members trying to bill for kids under nine. Maybe they're confused between the PREP Act and -- because you know, the ACIP authority went away --

MS. ALI: Yeah. And I think the Board of Pharmacy has a good, like, diagram. I can share that in the group. I'm sure you guys have seen it.

MS. MCCORMACK: No. I mean, we would know. I mean, we -- you would know that you had to comply with what's allowed in the scope of practice --

MS. ALI: Right.

MS. MCCORMACK: -- today which hopefully will change in 2024. But -- so, Matt, I don't know if that's part of the

problem. I was -- I'm thinking that it goes beyond that so...

MR. CARRICO: I will follow up and ask. I thought one of the two of them were going to be on here to shed a little more light and give specific examples. I will check into this.

But takeaway message that I'm hearing is, officially, pharmacies do not have to enroll in VFC to give it to kids nine and older; correct?

MR. SCOTT: That is correct.

CHAIRMAN POOLE: Yes.

MS. MCCORMACK: Great.

MR. VENNARI: I've got a -- this is Joe Vennari. I've got a quick question if I could.

MS. ALI: Sure.

MR. VENNARI: So I'm trying to understand this. So are we saying the pharmacies can give access to the VFC vaccines?

MS. MCCORMACK: No.

MR. VENNARI: Okay. So it's not a situation where you're getting the product at

no cost and then billing the plan --

MS. MCCORMACK: No, no, no. No.

MR. VENNARI: Okay. All right. I was getting a little confused.

MS. MCCORMACK: I think it's because pharmacies nationally -- and we have been -- my organization has been working with CMS on this but hasn't gotten anywhere yet. And we've worked with some other states on trying to, like, make VFC more palatable.

And it's just so burdensome in a pharmacy setting, especially the way we're set up, how small the back area is, stock areas and all that. It just does not work operationally. It's another -- another group of audits. It's another supply, which is one thing that this rule did take away.

But I just -- I don't know that there's a fix that a State can do without -- I don't want to speak for everyone. But I'll speak from my members' perspective, the chains. I don't know that there's any little fixes you can make that would make pharmacies enroll in VFC or that would make pharmacies comfortable with enrolling in VFC because they can't just

operationalize it into their workflow.

So yeah, our -- so our understanding here is what was being done is we would no longer have to enroll in VFC but could still get reimbursed for the product plus the administration fee by the --

MR. VENNARI: So as a follow-up question to that, are the VFC -- is there a reporting requirement or a -- so it goes into the -- so the database, so we don't double vaccinate, which is a requirement in VFC for that?

MS. MCCORMACK: Kentucky has an immunization registry, I believe, that everyone has to report to.

MR. VENNARI: Right. Okay.

MS. MCCORMACK: So it would be the same way we do kids' vaccines for -- or any vaccine to date for other patients with the same reporting requirements, same --

MR. VENNARI: Yeah. And I'm aware of that. I just want to make sure there wasn't anything separate. Okay.

MS. MCCORMACK: No. It's not -- state law would not -- I mean, would not be

abrogated by the -- perhaps this law would not be affected. We would -- it would just default to the way that we supply and bill for other vaccines to non-Medicaid patients, if that makes sense.

MR. VENNARI: Got it.

CHAIRMAN POOLE: Okay. So is there any further -- or any action or anything anybody would like to do on this, or is it more that we need Jill to work with Board of Pharmacy on submitting either another bill or look at lowering the nine-year-old -- nine plus?

MS. MCCORMACK: Yeah. I think that our organizations that represent us on the hill there are working on that.

CHAIRMAN POOLE: Okay.

MS. MCCORMACK: I think that'll be a piece of legislation that we likely see introduced next session, but I can double-back with Shannon and Ben on that. But let me also double-back with Shannon, Matt, or -- and Ben. Matt and I can do that on what exactly the issue was and clarify that we've clarified that. As long as we are

complying with our state's scope of practice age requirement, we can bill for Medicaid kids' vaccines without being enrolled in VFC.

CHAIRMAN POOLE: Okay. All right. So is there anything else on that topic?

MS. MCCORMACK: No. But that was a great move for access, and I want to thank Medicaid for that.

CHAIRMAN POOLE: Okay. Is --

MS. MCCORMACK: And if we can get through the confusion, I think that access will happen; right? There will be more access.

Because I think -- it sounds like there's some confusion among the pharmacies. So I don't know if it's something that -- you know, I know there was a rule that was put out. I don't know if there was any kind of bulletin that was shared interpreting the rule.

Because it was a little confusing because you really have to go back to, like, the amended version of the rule to read it, to read what was deleted to get the full meaning versus the final -- the final and

gross version of the rule but...

MS. ALI: Yeah. And if you can send us some examples, that would be helpful for us.

MS. MCCORMACK: Examples of?

MS. ALI: I think there were a couple of pharmacies that were having issues.

MS. MCCORMACK: Oh, okay. Yep.

CHAIRMAN POOLE: Okay.

MS. MCCORMACK: I'll take charge of following up with Shannon on these three things. What were the issues getting them written up to submit and just double-checking on having a vaccine expansion bill for 2023.

CHAIRMAN POOLE: Okay. Erin, are you on here with us?

MS. BICKERS: Yes, sir.

CHAIRMAN POOLE: Okay. I have sent a text or an email or whatever, chat off to Zoom, and they're saying that I did join by computer audio like I usually do. I've started the video and did everything on my end. They said it's how you're accepted into the meeting.

So I still don't see my box. I don't

see myself on video or anything. So if you can just check into that while we're continuing the meeting, I'd appreciate it.

MS. BICKERS: Yes, sir, I will. I just hit "admit," but I will see if there's any issues pending on our side. So I can see you. Does everyone else see him?

MS. MCCORMACK: Yeah. I think -- Ron, I think you need to hit -- do you have a little box that looks like a grid, like, a -- for grid view?

CHAIRMAN POOLE: Yeah. I've changed the view 15 different ways.

MS. MCCORMACK: Oh, okay. Got it.

CHAIRMAN POOLE: It just won't show up, but anyway.

MS. BICKERS: I'll look into it.

DR. THERIOT: And it might be -- there's a little button. When you go to your -- that you scroll down, and it says "hide self view." And so maybe that got hit accidentally.

CHAIRMAN POOLE: Now, where is that at?

DR. THERIOT: Well, unfortunately,

it's in my little box with my picture on it, so it's --

CHAIRMAN POOLE: Oh, okay.

DR. THERIOT: So I don't know what to do if you don't have a box.

CHAIRMAN POOLE: Okay.

MS. FIGG: Ron, I couldn't see you earlier, but I can now.

DR. THERIOT: Yeah. We can see you.

CHAIRMAN POOLE: Okay. All right. Going into --

MR. VENNARI: Ron, can you see all the people on the right side of your screen on the top?

CHAIRMAN POOLE: Yes.

MR. VENNARI: If you look in the upper, right-hand corner, do you see, like, a little view?

CHAIRMAN POOLE: Yes.

MR. VENNARI: Click on that and see -- and in there, there will be, like, this "hide self view."

CHAIRMAN POOLE: Okay.

DR. THERIOT: Ah, yeah. There it

is.

CHAIRMAN POOLE: Yeah. There's Ron, the idiot --

MR. VENNARI: There you go.

CHAIRMAN POOLE: -- who can't -- or obviously who hits the wrong box. Thank you.

Okay. Moving on to 4(C). The last part of that is wrong. I put two ideas into one thing there, and I address it on down through there. So basically just the community health workers update.

I know that some -- just to let Fatima and Medicaid know, that we are working on putting together information. I've sent some information to you guys of other states that their -- I mean, there's a number of states that their No. 1 community health workers are pharmacy technicians, I mean, the most prevalent. And it's for obvious reasons. It's just -- the main thing is access.

I found it interesting that the colleagues that have had this around for a long time and been accepted in their state, that, actually, their delivery people are huge in their community health worker program

because they are the ones going out and checking on people and delivering medicine and, you know, seeing what their needs are at their home level.

So did anybody else have any other updates? I know I've been talking to a lot of people to try to get something to Medicaid to -- to reconsider putting at least the pharmacy technicians on there to be eligible and to be under our -- under our responsibility as one of the providers that can -- that can have the community health workers.

So is there anybody else that has a comment on that?

MS. FIGG: Ron, have you reached out to -- it sounds like Missouri has a very successful community health worker --

CHAIRMAN POOLE: Yeah.

MS. FIGG: -- group in pharmacy. Have you reached out to them? If you haven't, I don't mind to do that.

CHAIRMAN POOLE: I have. That's where I got most of my information. Because they've got some that's been -- pharmacy

technicians that's been community health workers for, like, 10 or 15 years or longer. And, you know, it's just a natural extension of their job.

MS. FIGG: Sure.

CHAIRMAN POOLE: They still do the regular pharmacy tech work, but they also get more involved in the needs that can be met by the community health workers. So you're right. I mean, that state is kind of the leader on this.

So yes, if you -- you know, reach out to your contacts with Missouri, also, and see if they have something we can use to submit to Fatima and Commissioner Lee on this; okay?

MS. FIGG: Okay. Great. I mean, I think you're exactly right. You know, we're -- the pharmacy community is poised to do this process. We definitely see the needs in our communities, so thank you.

CHAIRMAN POOLE: And then the last part there, just FYI, I had that on the last meeting. But that's just contacts for MedImpact and also how to look up the latest NADAC reimbursements that have been increased

to where you can go back and bill. I've still tried to figure out a way to streamline it a little bit. But if I ever figure that out, I'll let everybody know. And then on the --

MS. BICKERS: Ron, Justin Dearinger has his hand raised.

CHAIRMAN POOLE: Oh, I'm sorry. Go ahead, Justin.

MR. DEARINGER: Yes, sir. Hi. This is Justin Dearinger. I'm the Acting Director For the Division of Healthcare Policy. I just wanted to talk very briefly -- give a quick update on the community health workers for pharmacists question.

We are currently reviewing and working on some of the material that you all had sent us, some of the material that we have gathered as well from other states. And so that's currently in review. And I know we had an administrative regulation in the process, and we had received some comments.

And we did make changes that would allow for that if that was the decision that was

made moving forward. And so that administrative regulation -- the change that was made to that administrative regulation would allow for other provider types to provide community health workers without having to go in and amend the regulation.

So I just wanted to let you all know that that change was made to the administrative regulation so that that opens the door for us to move forward when that day comes. And we'll be getting back with you all as soon as we come to a decision on when and how to -- to include community health workers -- or pharmacies in a provider type that can allow for those services.

CHAIRMAN POOLE: Okay. Thank you very much. That's great news.

And you're getting our information? Because I've been submitting it just into, you know, Kentucky Medicaid, the different emails I've had. And it seems like that I'm getting other people wanting to submit stuff, too.

So do you have a preferred contact or email address to send that information to?

MR. DEARINGER: Yeah. I'm going to actually -- I'll give you -- I'll put an email address in the chat box, and you can forward all of that information to that email address. And that will kind of ensure we get everything, and it's not all strung out through different communication lines, if that's okay.

CHAIRMAN POOLE: Yeah. That's great.

MR. DEARINGER: All right.

CHAIRMAN POOLE: Thank you very much.

Okay. No. 5 under new business, the Medicaid fee-for-service reimbursement for vaccinations. And, Fatima, the only thing that I've -- it's not me personally. But I do have several long-term care pharmacists that -- they're the ones that's doing most of the vaccinations for -- you know, most of the residents in long-term care are under the fee-for-service or Magellan. So it was just a -- it's becoming a major request from people to see about how we can get that changed.

So, Matt, did you have some other comments?

MR. CARRICO: You pretty much summed it up, just seeing if this is in the works. Is it something in the future? If it's not, what can we do to try to get fee-for-service to cover vaccinations at a pharmacy level? Those were about it.

CHAIRMAN POOLE: Because it seems like, Fatima, if -- that the doctors -- it's actually the pressure from the doctors they're telling me; that they're like, well, wait a minute. You can do all these other vaccinations. Why can't you do this for me at the nursing home? Or, you know, whatever facility that they're -- the doctor is above, they're like, you know, I need you to do this or provide this service for me.

So, anyway, just wanted to get your comments on that.

MS. ALI: Sure. So we had a preliminary meeting about this maybe a month or two ago. I'm not sure if everyone on this call was on there. But, you know, I think the outcome of that call was mainly to send

over some additional information for us to review and also conduct a fiscal analysis and see, you know, what it would take to shift over fee-for-service vaccines at the pharmacy.

As you all know right now, those vaccines are administered at providers' offices and so on. So, you know, with that being said, I think it was -- it was a thought pre-COVID, just based on some old notes that I was going through recently.

And I think -- you know, I do think it's an appropriate time to bring it back up, especially since we're changing fee-for-service vendors, which I'll allude to towards the end of this discussion.

But, you know, I think right now, we need to see what it'll look like from a fiscal perspective, evaluate other options as well and just see, you know, what the -- what the scope looks like. I can't guarantee that it's going to be anytime soon because we are under an implementation right now.

But I do think it's a topic for later in 2024 when we can get as much information and

data from you all to really evaluate and make a sound decision and also take a look at the fiscal.

MR. CARRICO: So when do you think would be a good time to follow up in 2024? First quarter? Second quarter? When should we make a note to circle back to this?

MS. ALI: I would say second or third quarter.

CHAIRMAN POOLE: Okay. Thank you for that information.

MS. MCCORMACK: Hey, can I just ask you guys just -- I'm sorry. What is the issue? Is it just, in a nutshell, with the fee-for-service vaccinations? I thought we just got -- didn't we just -- an increase was just proposed?

MS. ALI: That was for the MCO vaccines at the pharmacy. So for fee-for-service, our members go to their primary care office to get their routine vaccinations except for COVID-19. COVID-19 is the one exception that they can get at the pharmacy.

MS. MCCORMACK: Well, how does that

jive with the new VFC rule that's supposed to apply to managed care and to MedImpact?

MS. ALI: Well, it would apply at the primary care provider level, whoever is administering the vaccine. So right now, we don't allow --

MS. MCCORMACK: You don't allow pharmacists to administer vaccines in a fee-for-service program? Is that what you're saying?

MS. ALI: That's correct.

MS. MCCORMACK: It has nothing to do with VFC; they're just not considered a provider?

MS. ALI: Right.

MS. MCCORMACK: Oh, that's -- I haven't heard of another state that has that rule.

MS. ALI: Yeah. And, I mean, again, it was something that was explored pre-COVID and then we were kind of thrown into a whole fire with COVID. So I think --

MS. MCCORMACK: Yeah. A whole fire where we gave all the vaccines, where we gave 95 percent of the vaccines.

MS. ALI: Right. So, you know, I think it's --

MS. MCCORMACK: Sorry, Fatima. I couldn't help myself.

MS. ALI: No. That's okay. Well, I think -- you know, I think it's something to open up and reconsider. But, again, you know, we'll have to take a look at what the current landscape is. You know, are primary care providers successfully administering routine vaccinations for our fee-for-service members? How many of them fall into things like hospice, long-term care, that kind of thing? You know, how many members are truly going into the pharmacy to receive routine vaccinations or would like to?

I mean, I know everyone is used to the current setup. So, you know, we might not see too much of that. But, again, I think there are a lot of factors here, and it needs to be opened up and just discussed in further detail.

CHAIRMAN POOLE: Fatima, I know that there used to be some data out there as far as percentage. But what percentage of

fee-for-service are actual long-term residents, or do you know that percentage?

MS. ALI: Not off the top of my head, but I can certainly pull some numbers.

CHAIRMAN POOLE: Because I've always thought or was -- certainly, in years past, it was, you know, quite high for those people to be in there. So that's -- that's where the big disconnect is. Because, you know, the physicians are coming there to see the patients or see the residents and meet their needs. But, you know, they fully expect, you know, the pharmacists to be able to carry out, you know, the vaccinations that need to occur.

And I do have some people raising their hand here. I don't know who was first. But, Cathy, go ahead first.

DR. HANNA: All right. Thank you. I just wanted to bring up that there's a group that I hear many times -- and I used to service many of them -- is those group -- you know, the group homes with the special needs patients. And, you know, what I'm hearing around the state is, you know, these

individuals are reaching out to pharmacists to come to their facility or to vaccinate those individuals, and they can't do it. And when you say, well, you know, they're supposed to go to their providers, the providers are not wanting to provide that service.

So I really implore you all, especially because this is such a special needs area, to reconsider and to try to work towards getting that taken care of. Thank you.

CHAIRMAN POOLE: Okay. Mr. Dearinger?

MS. ALI: Oh, I think he just had his community health worker update.

CHAIRMAN POOLE: Oh, okay. I'm sorry.

MS. FIGG: Fatima, do you know what the vaccination rate is currently in the fee-for-service?

MS. ALI: You mean at the -- at the primary care office?

MS. FIGG: Yeah. I mean, of the members that are fee-for-service, is it a high vaccination rate, or is it a low

vaccination rate? Like, I mean, it sounds to me like what I'm hearing is it's a struggle. And, you know, when we talk about wanting to get members vaccinated, if the number is already low, it sounds like it's a really good argument for allowing pharmacists to be able to do this.

MS. ALI: Yeah. That's something I'll have to also take a look into.

CHAIRMAN POOLE: Okay. Thank you for that information, Fatima.

Is there any other comments on that topic?

MS. MCCORMACK: Is this just a long-term care issue, or is this really Medicaid patients can't come in to a pharmacy -- Medicaid fee-for-service patients can't come into a pharmacy and get vaccinated because we can't get reimbursed? Is that -- did I just -- did I say that correctly?

MR. CARRICO: You did. Fee-for-service patients cannot come into a pharmacy and receive a vaccine.

MS. MCCORMACK: This is the first I've heard of this in the 12 states that I've

worked over the last 13 years. Okay. I mean, I've heard of other barriers like VFC, like billing system not being in place, so only getting, like, an ad- -- maybe only getting a really small admin fee. But I've never heard of it not being allowed. Okay. News to me. You learn something new every day.

CHAIRMAN POOLE: Okay. 5(B), registering with UHC for vaccine counseling billing. Matt?

MR. CARRICO: Yes. I recently was getting together with Emily Wilkerson-Gatewood who is running the program through KPhA from a grant from the State to get pharmacies set up to be able to bill for vaccine counseling. And during the steps she was helping me with, everything was running smoothly.

We've had issues with UnitedHealthcare, so we went together on the website trying to figure it out and register the way it wants us to. And it gave me a, sorry. You cannot register for this at this time. If you want to register using digital tools but remain

out of network, you know, go to this. I -- and we tried different ways. It was just a circle, and it was very confusing.

Maybe it's not set up for pharmacies to register yet since it's new within Kentucky. I didn't know if it required a pharmacy to be CAQH. It kind of made it sound like that. There's very little direction from UnitedHealthcare website to set up to do this. It was fairly easy, almost nothing to do, with the other MCOs to get set up for this.

And I have a follow-up meeting with her today and just kind of wanted to get an idea of what to do, who to talk to if someone from UnitedHealthcare has insight that would help. Because I think I'm one of the first pharmacies trying to do this and kind of a pilot project at the time. So I'd kind of like to see if we could get this streamlined to make it easier for other people to take advantage of this program that Medicaid is now allowing us to do.

MS. ALI: So are you also having trouble with other MCO vaccine counseling

billing, or is it just United?

MR. CARRICO: I haven't -- I'm going to do my first actual billing today, getting the tour for that. I was doing the setup with Emily, and the setup for everything else seemed to be fine. It was United that was the one that was just an endless loop of different links and then --

MS. ALI: Okay.

MR. CARRICO: -- saying that you couldn't register. So I wasn't sure how to go about -- who to even talk to about this.

MS. ALI: Yeah. And I did reach out before this call to the United pharmacy director. I think she's out of office today. So if you don't mind just sending myself and cc'ing Quinlan Radcliff, we can serve as liaison between yourself and United and get those issues resolved for you.

MR. CARRICO: Okay. I appreciate it.

MS. ALI: I'll put his email in the chat.

CHAIRMAN POOLE: Okay. Thank you. All right. 5(C) could easily have been

old business. But what I was wanting to ask, Fatima, is that the No. 1 question I get from pharmacists is -- you know, I went over last time the negative financial effect it has on us with our buying contracts.

And so, you know, when you look at Adderall XR 25, you know, a reimbursement was $215.80. That should be everybody the same across the board. And then when I look at a commercial on the generic, you know, the reimbursement is somewhere between -- it ranged from 28 to 32, along through there, for the same thing as generic.

So I guess, no, I don't expect you all to show us or -- you know, it's proprietary, your all's contracts you do with the rebating program. But I guess, logically, people look at this and say, okay, you would have to get a 200-dollar rebate on Adderall to make it, you know, worth the cash outlay for your savings by dispensing the generic or you all paying for the generic.

So I guess if there really is that big of a rebate on some of these things, it would be nice to at least just do one example to

show everybody, you know, this is why we're doing this program, because it's a lot to reduce the net outlay of cash for reimbursement.

So I didn't know if that was possible. But then it's still the No. 1 -- you know, because everybody comments on the difference in the brand versus the generic reimbursement. And with it hurting our bottom line, we just -- you know, everybody would like to know that, okay, there is a big difference in the makeup of -- on the rebates.

So I just wanted to get your comment on that.

MS. ALI: Sure. So I think there was -- I know we had discussed this years ago when MedImpact went live, and we implemented the unified PDL, which, you know, to your point, does prefer some brands over generics because of the rebates on the back end.

And I remember sharing -- and I'm going through my notes looking for it now -- you know, sharing a chart example of obviously fake numbers and what a potential rebate

amount is for the brand versus the generic and how the generic could end up costing the State more money than the brand.

CHAIRMAN POOLE: Okay.

MS. ALI: So let me -- I will try to dig that out today and either throw it in the chat -- if I can find it during this meeting. If not, I'll just hit reply all and send over that example.

CHAIRMAN POOLE: Okay. That would be great.

Okay. Do I have Angela Kamer-Lay on the line?

MS. KAMER-LAY: Yes. Can you hear me, Ron?

CHAIRMAN POOLE: Okay. Yes. Yes. Go ahead with your comments on this topic.

MS. KAMER-LAY: Sure. Thank y'all for adding it to the agenda. I have been working with my pharmacist -- excuse me, my pediatric medical director, Dr. Beshear, and she's reached out to Dr. Theriot. We're trying to get an increase in vaccinations, especially HPV, but really adolescent vaccinations, because that is on the VBP

program, the value-based -- state value-based purchasing program, immunization for adolescents.

And so we were wanting to especially reach out to the pharmacies and partner with them, especially since now they have the increased admin fee, the counseling to where it's not even tied to them receiving a vaccine. They could just talk to the member or to Mom or Dad and still get reimbursed.

But we're looking especially at areas that they -- there may be, like, a vaccine desert. So maybe the health department in that area of eastern Kentucky doesn't offer the HPV vaccine.

We would just really like this opportunity to work with the pharmacists. And I think it would be a great collaboration across, you know, MCOs and the pharmacies in the state to see these adolescent immunization numbers increase.

And I saw -- I think Dr. Theriot was on, and I didn't know if she wanted to add anything from the State's perspective.

DR. THERIOT: Well, I think, you

know, when you talk about immunization rates, you can't just talk about one number. You have to look at it by each -- you know, each vaccine. And when you look at HPV vaccine, it's very, very low. It's lower than we want it to be for all adolescent vaccines, but it's tremendously low for the HPV vaccine which, at least to me, says that it's not working -- you know, it's not being -- just not working having that vaccine only available in the physician offices.

And so opening it up to pharmacies, and you can start giving that vaccine as young as nine years of age, hopefully can -- you know, and do a push for it, we can hopefully get that number up statewide.

MS. KAMER-LAY: And, also, my understanding -- and Ron and team, you all would know better because you're out there living it -- is that you have to have a protocol by a physician. It's not like the flu, you know, where they can just walk in and get it. And that's where I was thinking maybe the State could come in, and a physician with the State could make that

blanket protocol for any pharmacies in Kentucky.

MS. MCCORMACK: So do we not have a Board of Pharmacy statewide protocol for -- do we only have one for adult vaccines? Matt or Ron or Rosemary, do you know?

CHAIRMAN POOLE: We've got the immunization -- I mean, that's in statute. So -- but you still have to have a medical director to sign off on the protocol and be in charge of that protocol. And it is just like -- you know, whether you're doing meningitis, whether you're doing the new RSV, I mean, it's just like that. So it's you registering that protocol with the Board of Pharmacy.

So we just need to work hard, Angela, on getting more pharmacists aware of the need for it and asking them to develop their protocol and get it signed by their medical director to get this done. And, of course, the Board of Pharmacy is compiling this data now, so you should -- you should be able to see, you know, hopefully in a short time here where you have more options throughout the

state.

MS. KAMER-LAY: Well, and I was even thinking, Ron, since this is really a measure the State needs to hit -- it's part of HEDIS measures -- that if they could partner by putting that protocol out for all pharmacies, to kind of take some of the burden off the individual pharmacies. If they could do that, that would go a long way.

CHAIRMAN POOLE: Yeah.

MS. MCCORMACK: I think a statewide protocol can be helpful. You know -- yeah. But I think Ron is also right, that we have the authority to do it. I think, you know, working with the pharmacies to let them know that you'd be -- what the reimbursement would be, how they would bill, you know, that -- that might help.

And I'm happy to -- between the Kentucky Pharmacy Association, this group, and Kentucky Retail Federation, I'm happy to talk with you about what the full membership looks like of pharmacies in Kentucky and brainstorm with you.

MS. KAMER-LAY: That would be

great. I already have, like, a mock-up of a pharmacy provider letter. Of course, we don't own the network, so we're doing this -- you know, the vaccine counseling is billed on medical. So we're coming in that direction.

But yes, I'd work on this with you. I think that would be great. And I think it would do a lot in the sense of the quality measures the State is really pushing for, and it would be a great way for pharmacy to collaborate with that.

MS. SMITH: Angela, this is Rosemary Smith with KIPA, the independent pharmacy group. And I would be glad to work with you as well to get this information out to our members. We have over 600 --

MS. KAMER-LAY: That's great.

MS. SMITH: -- across the state.

MS. MCCORMACK: Yeah. And, Rosemary, I'm sorry. I did not mean to leave your group out.

MS. SMITH: That's okay.

MS. MCCORMACK: We all work together. This is about access and, certainly, the pharmacy community beyond the

chains is very large. The independent community in Kentucky is very, very large and well-placed.

MS. KAMER-LAY: Sure. It would be -- we would need every pharmacy. I mean, it's not just the independents. It's not just the chains.

MS. MCCORMACK: Right.

MS. KAMER-LAY: Because, of course, those independents, they might be the ones down there in those vaccine deserts. So I've worked chain, and I've worked independent. I realize the benefits of both.

So I will keep both of you all -- if y'all could put your emails in the chat, that would be great, and we're going to move forward with this.

MS. FIGG: I think a statewide protocol is an excellent idea. I think it makes it easy for everybody, and it removes, you know, all the barriers. And the easier we can make it and the most amount of barriers we can remove, I think the more successful the program will be.

MS. MCCORMACK: I agree with

Meredith. I think that a lot of pharmacies -- it saves an expense for them. It saves time, to have to go and -- go through the process of getting your protocol upgraded -- you know, up and all that, so I agree.

CHAIRMAN POOLE: Fatima, what do you think about that?

MS. ALI: Sorry. Just trying to switch screens there.

Yeah. So I think -- I think it's a good idea. I think, you know, it's a win-win all around. I do agree with Dr. Theriot and Angela's comments.

You know, I think let us take it back and just see what it would look like, what the logistics of it would look like, and then we can follow up with this group in the next meeting.

CHAIRMAN POOLE: Okay. Sounds great.

MS. KAMER-LAY: Thank you, everyone.

DR. THERIOT: And then in two years, we can look and see what the

percentage of HPV vaccine is for kids getting it in the physician office versus the pharmacy. Of course, the pharmacy is going to be a lot higher. And then it will open up new -- you know, then we can publish it and go nationwide and tell people what they should be doing. So there you go.

CHAIRMAN POOLE: Okay.

MS. KAMER-LAY: There you go.

MS. MCCORMACK: And I think if there's a program in place, that's when you -- you know, that's when -- there would be more advertisement for it -- let's put it that way -- in the private sector so...

CHAIRMAN POOLE: Okay. All right. On 6(A) -- and, Fatima, basically, we've discussed this before. Is there any, I guess, point in time to, I guess, have a committee that just starts discussing these things? Because I know you've talked about your -- just building the network or building the infrastructure to handle, you know, pharmacists' clinical claims. I mean, you know, obviously, we're already doing some of that with the vaccination interview process.

I mean, so -- you know, and I've -- you've heard me talk about -- I mean, I know UK Med Center as far as the compounding side, they -- they would love to have some help on -- because they -- I mean, they choose to go ahead and just eat the cost of compounds because it's a better treatment for the pediatric patients. Or they're maybe changing the dosage form in order for the child to be able to take it.

But, I mean, they're not the biggest -- excuse me. The independent compounders are not the biggest pushers on this. It's really, you know, the big hospitals that do a lot of compounding for pediatric uses that, you know, go unpaid.

And then, of course, I've talked to you about autism and ADHD patients and how nutritional supplementation would really be beneficial. I'm not ever promoting just -- yeah, opening wide open the wild west of it but just maybe take a disease state or two and be able to have a formulary -- a strict formulary on that.

But anyway, just wanted to get your --

all three together, all topics of those and see if there's any way we can in the near future be able to form some workgroups, or whatever you want to call it, to see if this could be brought to fruition.

MS. ALI: Yeah. I think, you know, this is -- this, meaning PTAC, is probably the best forum to bring up some of these concerns. I think we're all aware of the, I guess, barriers and roadblocks to, you know, having pharmacists bill for some of these clinical services.

I think little by little, we are moving towards, you know, giving pharmacists a larger platform, per se, you know, with vaccine counseling, for instance, vaccine administration. We have the fee-for-service vaccines at the pharmacy in consideration, community health workers.

So, you know, I think little by little, we are treading forward in that direction. I think, really, it's just -- it's a matter of time. And I'm not, you know, trying to say that this -- that we're going to make this change right here, right now. But I think,

again, you know, we're moving in the right direction.

And I think evaluating all of these opportunities that have been opened up in the recent -- in the recent past, if you will, you know, will allow us to really dive into the data, see what's working, what's not, and further evaluate change for the future.

CHAIRMAN POOLE: Okay. What would you suggest now for us to do? Just send you more information about each of these topics? You know, obviously, we're not the ones that's going to be building the infrastructure as far as the billing process and everything. But just give us some pointers on what would be useful to you.

MS. ALI: You know, I think here at Medicaid, we make a lot of data-driven decisions. So, you know, if we can see data of perhaps, you know, something that's been working in other states that might be congruent in Kentucky, you know, we would want to see that.

I think especially for fee-for-service vaccines at the pharmacy, that's something

where we have to kind of dig up notes and information from the past, and some of that precedes my time. So I might have to make a few phone calls and say, hey, you know, what happened in 2020-2021 when this was being evaluated.

So, you know, I think it's -- it's something worth evaluating, but I do think we need as much data and evidence to back it up.

CHAIRMAN POOLE: Okay.

MR. CARRICO: Ron, this is Matt.

CHAIRMAN POOLE: Yes, sir.

MR. CARRICO: There would be one thing I'd like to add for consideration to the clinical services you have already mentioned, which would be genetic testing.

About eight or nine years ago when Medicare was paying for it, I was doing it for a number of patients. And some patients, you didn't really see that it -- you know, there was nothing that changed. But there was a number of patients you'd find that they weren't even metabolizing the drugs that they were taking, so it was kind of useless to have them on it. And, you know, you could

switch to a different drug that would actually work.

And I think that could lead to less spending on Medicaid's part to where we could actually get people on medicine that's working for them. Or if they're a slow metabolizer, it would make sense that we'd need to increase their dose or lower the dose, depending on how it goes.

But I thought it was a very good program. I was disappointed when Medicare stopped covering it, but I think it would be worth looking into for Medicaid.

CHAIRMAN POOLE: Okay. Well, what we've got to do, then, Matt, is get some -- maybe there are some studies out there or just look at some other states. And like she said, we've just got to get the data put together that can hopefully show the savings.

But you're right. I've seen the same thing. Especially in the mental health category, you have a huge need for genetic testing. Because when you do see the results of those, it truly is eye-opening to see a good portion of even the same class of drug,

that, like, a third of them are, you know, ruled out as far as a good candidate for that patient because of their lack of enzymes. So that's a good point.

MS. FIGG: Yeah. I noticed that NCPA put out that Wisconsin Medicaid is implementing provider status for pharmacists. I think they passed it back in 2021, but the implementation is actually beginning. So I'll try to research what in Wisconsin they're actually -- what services they're being reimbursed for.

CHAIRMAN POOLE: Okay. All right.

MS. FIGG: And, Ron, do we need to make, like, an official motion on -- a recommendation on, like, the fee-for-service reimbursement for vaccinations and the HPV moving forward?

CHAIRMAN POOLE: Yeah. Let's --

MS. FIGG: Or was that just things we're going to follow up on next time?

CHAIRMAN POOLE: Yeah. And that's been -- and that's my fault. That's been a request of the MAC, is to -- is to have the action items because they're limited in their

time. And a lot of times, if we're not having action items on that, then we don't --

But just going through today, you know, we talked about Senate Bill 50. We know about that. There shouldn't be any action items there. I think Jill is going to be working behind the scenes on the VFC.

Community health workers, Mr. Dearinger gave us an update on that. I don't think there's -- I think we're feeding them information to help out with that decision.

But yes, if we could have a motion on the fee-for-service that -- I mean, I was -- you know, not trying to put words in somebody's mouth but, you know, to where we are for fee-for-service reimbursement for vaccinations.

MS. FIGG: I'll make that recommendation, that --

CHAIRMAN POOLE: Okay.

MS. FIGG: -- this committee would like to see Medicaid reimburse for fee-for-service vaccinations.

CHAIRMAN POOLE: Okay.

MR. CARRICO: And I will second

that.

CHAIRMAN POOLE: Okay. First by Meredith, second by Matt.

Any further discussion?

(No response.)

CHAIRMAN POOLE: All those in favor, say aye.

(Aye.)

MS. BICKERS: And, Ron, this is Erin. If you don't mind to follow that up to me in writing, that would be great.

CHAIRMAN POOLE: I sure will.

MS. BICKERS: Thank you.

CHAIRMAN POOLE: Just writing my notes down here.

Okay. Let's see. Just looking through the rest of the --

MS. SMITH: Ron, would the other one be that we'd like to have the State have a state board protocol or a --

CHAIRMAN POOLE: Right.

MS. SMITH: For the --

CHAIRMAN POOLE: When they see the need for an increase in -- well, if they just see the need, that we need to be getting

either increased vaccination, or maybe there's another service. But I definitely think in this particular case, in order to try to increase the numbers of HPV through adolescent vaccinations.

So, anyway, do you want to make that motion, Rosemary?

MS. SMITH: I make that motion.

CHAIRMAN POOLE: Okay. Motion my Rosemary.

MR. CARRICO: Second.

CHAIRMAN POOLE: Second by Matt.

Any further discussion?

(No response.)

CHAIRMAN POOLE: All those in favor, say aye.

(Aye.)

CHAIRMAN POOLE: Okay. And as far as the rest, I mean, you know, this is a -- this is a project that's going on in a lot of states right now. And I think if we can do our research first and then we might have some action items later on. But the biggest thing is we need to compile data and then when we've got something more concrete or we

see a need that we want to, you know, prioritize, I think that's where we can have action items there.

But I appreciate Fatima's comments about, you know, we're -- they're just needing the information on kind of where to go. And I think with all of this, No. 6, you know, that's what all the pharmacists that I know are doing in the state right now anyway, is trying to work with the different insurance companies and build these networks for doing the clinical billing.

So is there -- is there any other action item you all see needs to be on No. 6?

MR. CARRICO: I think we're in a data-gathering state right now, and we would be -- it would be premature to make a motion for this.

CHAIRMAN POOLE: Yeah. Okay.

MS. MCCORMACK: Ron, could we make a motion that the State consider putting out a bulletin informing enrolled providers specifically about the change in VFC?

CHAIRMAN POOLE: That's a motion by Jill.

MS. SMITH: I'll second that.

CHAIRMAN POOLE: Second by Rosemary.

Any further discussion?

(No response.)

CHAIRMAN POOLE: All those in favor, say aye.

(Aye.)

CHAIRMAN POOLE: Any opposed?

(No response.)

CHAIRMAN POOLE: And, Jill, what was your specific wording on that again? I didn't get all that.

MS. MCCORMACK: I put it that Medicaid do a communication to pharmacies alerting them to the rule change that allows them to provide vaccines to children enrolled in Medicaid, you know, in conforming with the state law, the State Practice Act, nine years and older.

CHAIRMAN POOLE: Okay. And I'll send that to you, Jill, to make sure I've got it right and then I'll get everything to Erin.

MS. MCCORMACK: Okay.

CHAIRMAN POOLE: Okay. Our -- the next MAC meeting will be November 30th where I'll present our --

MS. MCCORMACK: December 13th. Is it December 13th?

CHAIRMAN POOLE: No. November 30th is the MAC meeting. PTAC meeting is December 13th.

MS. MCCORMACK: I'm sorry.

CHAIRMAN POOLE: So I'll be presenting our motions and action items, and we'll get that -- we'll get that out to them. And then, like I said, December 13th, we've got some stuff to look forward to that'll be more complete at that time and more discussion. So anybody else --

MS. ALI: Ron, I have a couple of things to add in general. The first one being, you know, brand over generic switches and how that works behind the scenes for the State, I did just pull a presentation two years old that MedImpact gave at one of the provider webinars and send that to everyone who is on the -- the invite.

CHAIRMAN POOLE: Okay.

MS. ALI: Feel free to take a look at that and let us know if you have questions. I did also put another chart that I came across, which I think will be helpful for everyone's understanding of how this -- how the convoluted rebates work.

CHAIRMAN POOLE: Okay.

MS. ALI: So I hope you find that helpful. Again, if there are any questions, we're happy to discuss them. Or you can bring them to a MedImpact webinar, and we can use that as another forum to get those questions ironed out.

CHAIRMAN POOLE: Okay.

MS. ALI: The other thing, speaking of MedImpact, is -- you know, I think most of you know this and anticipate, you know, quite a few notices and provider webinars to discuss -- is the switch from Magellan to MedImpact in terms of fee-for-service claims processing. So it's just a switch of vendor, which means that a couple of billing practices will change, but it won't be a monumental change.

So the BIN number and the group number

are the two billing pieces that will change, and these will be, you know, discussed extensively in the next MedImpact provider webinar, which will be on November 16th.

So keep an eye out for that. We'll be sending multiple notices to pharmacies throughout the state, letting you all know when the webinar is. I do think it's very important for folks to attend that webinar. And, you know, keep an eye out for notices so that when 2024 comes around, you guys are billing appropriately and, you know, there are no issues there.

In addition, MedImpact has kind of general mailboxes for the MCO members and then there will be a fee-for-service mailbox as well that you can email any concerns or issues to.

Some important payment timeline information will be discussed as well as, you know, where to submit prior authorizations. If a prescriber is having trouble getting through to MedImpact, you know, where you guys can come in and help in those situations. So lots of important

information.

And aside from claims processing, you know, as you all know, Magellan does our rebates and PDL services. So those will also transition to MedImpact. Now, with that being said, there will be -- we anticipate a few PDL changes, but they will be minor changes. So, you know, we're not going to dive into the GLP-1s, for instance, and change a bunch of things in there.

Really, we don't anticipate the member impact to be substantial. There will be some, you know, with the vendors changing. But, again, we don't anticipate it being as burdensome as some other maybe P&T changes might have been.

But with that being said, we do encourage you to join the next P&T meeting to see what the outcome of those recommendations are. And in addition to that, you know, there will -- there will be a transition of items on Magellan's website to MedImpact's website.

So MedImpact's website is not changing. It's just that on 1/1, a couple additional

documents and such will be uploaded, and everything will be triaged to MedImpact from that end. So, you know, keep that in mind.

Again, if you have any questions, feel free to email myself or MedImpact directly. And I can throw the general MedImpact email in the chat.

Any questions?

CHAIRMAN POOLE: And, Erin, can you make sure all the information she's putting in there, that we all get?

MS. BICKERS: I've already got it copied in an email for you guys.

CHAIRMAN POOLE: All right. Okay. Thank you. And I'll make sure everybody else gets copied, too, so -- okay.

MS. SMITH: Ron, some of our people will be asking. If they're already contracted with Magellan, will that contract go over to MedImpact automatically with fee-for-service? Would there be anything they'll need to do?

MS. ALI: No. So as long as the pharmacy is enrolled with the State, you know, it'll be business as usual. But, you

know, let's say a pharmacy has both MCO and fee-for-service members. It'll just be a different BIN and PCN that they'll be using.

MS. SMITH: All right. Thank you.

CHAIRMAN POOLE: That's a nice transition, Rosemary. We usually don't have those easy transitions.

MS. ALI: Yeah. We're hoping that, you know, this will really just identify all the problems, go to one vendor, one-stop shop. So we're excited.

CHAIRMAN POOLE: Sounds great.

Okay. Thank you all for tolerating my IT goof-up at the start, so thanks for that.

And do we have a motion to adjourn?

MS. FIGG: I make a motion to adjourn.

MS. SMITH: I'll second.

CHAIRMAN POOLE: Second by Rosemary.

CHAIRMAN POOLE: All those in favor, say aye.

(Aye.)

CHAIRMAN POOLE: Any opposed?

(No response.)

CHAIRMAN POOLE: Motion carries. Y'all have a great afternoon. Thank you.

(Meeting concluded at 2:28 p.m.)

* * * * * * * * * * *

C E R T I F I C A T E

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

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

Dated this 6th day of November, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR