

**SPECIAL POINTS
OF INTEREST:**

- **Congrats New Britain Pharmacy (pg 2)**
- **Classifieds (pg 6)**

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INSERTS

**ANDA
H D SMITH**

NADAC So Far

By: David Benoit

The implementation of new Medicaid reimbursements has been tumultuous to say the least. We have all been trying to figure out how good or bad the new program is in our pharmacy. There have been issues with low-ball generic prices, reimbursements for specialty drugs that are well below cost, and brand price increases that are not picked up in a timely manner.



Up to this point, we had been told that any price changes, whether for generics, specialty or scheduled brand price hikes, would take effect on the date of the price change approval. We are very pleased to report that that is not the case for brand price increases. We have actually taken note that when brand increases are finally processed, the effective date is the date of the manufacturer's increase. So, at least for these products, the claims can be rebilled and reimbursed appropriately.

We do not understand what the issue is with specialty drugs, i.e. Harvoni. Their pricing survey would never, ever find a community pharmacy buying Harvoni for WAC – 3.75%. All the wholesalers pay the same; WAC and the timely payment discount, traditionally about 2%. We will continue to bring up the access issue that this creates for patients looking to get prescriptions for these expensive (big loss) specialty meds filled locally in a timely manner. Furthermore, let's assume that the pricing is corrected to the point where it covers the cost of expensive specialty meds. Which pharmacies are going to stock a \$30,000 drug

in order to make (the dispensing fee) around \$10? There might still be a problem.

We have not yet seen an increase for a specialty drug but we are assuming that the effective date will be the date of the decision (not April 1, which would be appropriate). If you see reimbursement problems that have not been addressed properly, you may also contact the local CMS office: Kelly.valente@cms.hhs.gov or call 617-565-1271.

We know that some of our owners will be in Washington next week telling their legislator about these problems. We understand that they will also be asking NCPA to use its CMS contacts to inform them of shortcomings of the new program. If you can't be in Washington next week, please contact your US Rep and Senators to protest DIRs nasty financial consequences after the fact, and the poor start for Medicaid reform.

This is a new program with kinks that still remain to be worked out. This has placed stress on Pharmacies, patients in some cases, wholesalers, suppliers, Medicaid programs, state budgets, regulators at CMS, etc. It is not a burden strictly falling on us. Hopefully, we will get appropriate corrections and learn to manage the program effectively.

The EXPO presents an opportunity for you to talk to other owners about these things and a number of new opportunities. It is a good place to get your batteries recharged. It isn't just a social, it can have therapeutically beneficial results and provide important learnings.





Hartford Pharmacy II, Hartford, CT

Hartford Pharmacy III, Hartford, CT

Main Street Rx, Newtown, CT

North Amherst Pharmacy, Amherst, MA

CONGRATULATIONS NEW BRITAIN PHARMACY

Karen Hekeler



NPSC would like to Congratulate New Britain Pharmacy, New Britain, CT for being the First CT Pharmacy to be approved for an offsite Naloxone Prescribing event. The event was sponsored by Greater Hartford Harm Reduction Coalition and was hosted by Frontier Communications. It was held on 3/28/2017 in Hartford, CT.

The New Britain Pharmacy off site Naloxone prescribing event was highly publicized in CT and 3 major news networks - WTNH, WFSB and Fox 61 all did a story on the first approved off site event. As a result. I have begun getting calls from organizations requesting a pharmacist for an event. If you have already told me you are interested in going off site to prescribe, I will contact you if a request comes from your area of state to check your availability. As this is new, we don't know how many requests will come in or how many Rx's will be written and filled at these events.

We do know the state wants to encourage as many of these as possible. Of course, you can market this opportunity in your communities as well. If you have not already told me you would like to be involved in off site naloxone prescribing and would like to, please give me a call or text me - 203 671 3847

TUESDAYS AT 10

Argosy Group is offering the NPSC network FREE monthly webinars with the best in DME information! This is a wonderful service that many of our network stores have come to look forward to. It will be the best 30 minutes you spend all day!



Next Webinar

Date: May 9, 2017 Time: 11:00 EST

Topic: Documentation Update: Resp Meds

Register: www.northeastpharmacy.com Click on Tuesday at 10 Tab

Big Guys Battle! Who's Right?


Reprinted from NCPA eNews, March 30 2017

Brand-name drug makers and the giant PBMs are escalating their feud over the high cost of medicines. The Pharmaceutical Research and Manufacturers of America got in the first shot yesterday with a six-page report on commercially insured patients and out-of-pocket expenses. Here's an excerpt fingering PBMs:

"While rebates and discounts may indirectly benefit patients by lowering insurance premiums, they are not directly passed through to patients facing high cost-sharing at the pharmacy counter. Studies have shown that patients facing high cost-sharing are less likely to take medicines as prescribed, more likely to abandon therapy, and more likely to delay or forgo treatment, putting them at higher risk for expensive emergency room visits, avoidable hospitalizations, and poorer health outcomes."

The Pharmaceutical Care Management Association, the association of 12 PBM corporations, quickly issued a seven-point response, accusing PhRMA of "missing the mark." Point No. 3: "The simplest, most obvious way for drug makers to reduce costs and improve access is to cut their prices."

True enough, but we have a better idea. Throw in complete transparency and put an end to retroactive pharmacy direct and indirect remuneration (DIR) fees, and we'll see what happens to drug costs.



ATTN MEDICARE DMEPOS PROVIDERS
DON'T LET YOUR SURETY BOND LAPSE!

In order to maintain your Medicare Supplier number, you must have a surety bond in place. If your bond gets cancelled (ie. You fail to renew), the bonding company notifies CMS and you will receive a letter from the National Supplier Clearinghouse notifying you that your Medicare number will be revoked if you do not respond within 21 days.

2017 MEDICARE B ADMIN FEE SCHEDULES FOR FLU/PPV/HEPATITIS

<u>CODE</u>	<u>CT</u>	<u>RI</u>	<u>MA</u> (Middlesex, Norfolk, Suffolk)	<u>MA</u> (all other Counties)	<u>ME</u> (York/Cumberland)	<u>ME</u> (all other counties)
G0008	\$28.34	\$26.96	\$29.25	\$27.20	\$24.17	\$25.85
G0009	\$28.34	\$26.96	\$29.25	\$27.20	\$24.17	\$25.85
G0010	\$28.34	\$26.96	\$29.25	\$27.20	\$24.17	\$25.85

When pre-booking flu shots for next year, keep in mind the admin fee for Medicare is the same regardless of which flu shot you use however the amount Medicare pays for the shot itself varies based on the shot you choose. Those rates are generally not published until late August.



REMINDER – UPDATE YOUR PROFILE – PART 1 AND PART 2

Effective February 12, 2017, NCPDP will collect information related to credentialing and CMS 455 regulatory requirements.

⇒ Updates to your profile must be completed by December 31, 2017 in order for your NCPDP number to remain active.

To get started, please refer to the NCPDP document checklist. Login to your account with your username and password: <https://sso.ncdp.org>
The Part II Training Guide can be accessed from the home screen if needed.

From the home screen, click...

- ◆ “Manage Pharmacies”
- ◆ “My Pharmacy”
- ◆ “Pharmacy Name”

Click the **“Part II”** tab in the upper left hand corner of the screen. The entire menu on the left is relative to Part II beginning with “Additional Pharmacy Detail”

- ◆ Red Asterisks indicate required fields.
- ◆ Click the “Next” button at the bottom of each page to get through the profile and save your information.
- ◆ Click the “Pend” button to save your changes in the “My Pended Pharmacies” queue.
- ◆ Click the “Cancel” button to exit the profile. All changes will be saved in the “My Pended Pharmacies” queue.
- ◆ Click the “Back” button to get to the previous screen.
- ◆ Click the “Submit” button to get to the “Verify and Submit” tab.
- ◆ Enter your PIN # to authorize the changes.

IMMUNIZATION TRAINING FOR PHARMACISTS

Pharmacy-Based Immunization Delivery Program (cosponsored with APhA)
20 CE credits (12 home-study hours and 8 live hours)

Wednesday, May 3, 2017 (Queens campus)
9 a.m.—6 p.m. \$350

For more information or to register, please call 718-990-5796

APhA Immunization Certificate Training, 5/11/2017 LIU Brooklyn

Times: 7:30 AM - 5:00 PM ET
Facility: Long Island University AMS College of Pharmacy
Brooklyn Campus, 75 DeKalb Ave, Brooklyn NY 11201
Contact(s): LIU Contact
718-488-1065
joseph.bova@liu.edu
Fee: \$375.00

TIPS FOR PATIENTS THAT CAN'T AFFORD THEIR CO-PAYS

By Pat Monaco

With some of the new high priced medications and many changes to health plans which are pushing more of the cost of medications out to patients, some patients struggle to pay their co-pays. Here are a few organizations and foundations that can help your patients.

Benefitscheckup.org – Senior help for prescriptions and other living expenses

Medicare extra help – Application available at SocialSecurity.gov

Needymeds.org – If the patient is a U.S. citizen, either doesn't have insurance or if the insurance doesn't cover medications, this organization can help

PanFoundation.org – Co-pays over \$100/month? Helping underinsured patients get the help they need

SimpleFill.com – Program based on income and insurance for patients with co-pays over \$100/month.

RHODE ISLAND LEGISLATIVE UPDATE

By Jack Hutson, NPSC Lobbyist

Thus far this legislative session in Rhode Island 1896 Bills and Resolutions have been submitted and the Northeast Pharmacy Services Corporation team has reviewed each one to assure protection of your interests as a pharmacy owner.

It should come as no surprise that Opioids have been a focus of a number of proposed legislative actions. Senate bill 546 is one by the Department of Health that proposed to add Naloxone to the PDMP. The department's interest in proposing this move is to monitor where naloxone is being dispensed with the intent of improving efforts to increase access to the opioid antagonist in other areas. NPSC and the RI Pharmacists Association opposed the bill because as a non-controlled medication it was felt that it did not belong on the PDMP. At present the department and various interested parties are discussing other ways to develop the data without inclusion on the PDMP.

While we are tracking and discussing other legislation that has been proposed, I would like to note that the political landscape for proposing and passage of legislation such as Provider Status



– while never certain – is more possible. Both in the House and Senate, the leadership has changed, has been pharmacy friendly, and could be very much in our favor. As our relationship with Speaker Mattiello has improved significantly which had much to do with the passage of our PBM legislation last session, and Representative Joe Shekarchi, an individual who was very helpful behind the scenes for us on that issue, has been

elevated to House Majority Leader. On the Senate side, Senator Michael McCaffery, another Warwick legislator, has assumed the role of Senate Majority Leader as Senator Dominick Ruggiero has become Senate President with Senator Pava Weed stepped down to run the RI Hospital Association.

Lastly it is important to reflect on the passing of Senator William Walaska, a longtime friend of pharmacy and who was instrumental in the passage of pharmacists immunization legislation as well as our PBM legislation last year. Senator Walaska succumbed to his long battle with cancer on April 3, 2017 at age 71. His leadership will be sadly missed.

CT Legislative Update

By Powers, Brennan, and Griffin, LLC, NPSC Lobbyists

The Connecticut General Assembly has been hard at work for the past 4 months and with eight weeks left until the constitutional adjournment deadline of midnight June 7, the House and Senate calendars are filling with debate-ready bills as all but two committees, the tax-writing committee (Finance, Revenue and Bonding) and the "spending" committee (Appropriations committee) have passed their deadlines for reporting legislation to the floor. Within the next two weeks, these remaining committees will be required to pass a budget out, for eventual debate on the Floor of both the House and Senate chambers.

House Bill 7124 An Act Concerning Maximum Allowable Cost Lists and Disclosure by Pharmacy Benefit Managers, Limiting Cost-Sharing For Prescription Drugs And Shielding Pharmacists And Pharmacies From Certain Penalties

This bill, which passed out of the Insurance Committee 18-1, requires that pharmacy benefit managers disclose information regarding the maximum allowable cost of prescription drugs and establish procedures concerning maximum allowable cost lists.

This bill also prohibits an insurer from imposing a coinsurance, copayment, deductible, or other out-of-pocket expense for a covered prescription drug that exceeds the drug claim cost. These MAC bills already exist in 39 other states. The bill is currently on the House Calendar.



Senate Bill 552 An Act Concerning A Standing Order Program For Dispensing Opioid Antagonists

This bill allows a pharmacist to dispense opioid antagonists pursuant to a standing order issued by a prescribing practitioner. This bill still allows for a qualified pharmacist to administer and dispense the antagonist on their own without a standing order. This bill passed unanimously out of the Public Health Committee.

Senate Bill 445 An Act Concerning Fairness in Pharmacy Benefit Manager Contracts

This bill prohibits any contracts between a pharmacy benefit manager and a pharmacist from containing a provision prohibiting the pharmacist from disclosing any relevant information to an individual purchasing prescription medication such as the cost of the prescription medication, actual reimbursement to the pharmacist for the sale of the prescription medication and the availability of any alternative medications that are less expensive than the prescription medication. This bill was passed unanimously out of the Public Health Committee and is currently on the Senate Calendar.

Pharmacy Reimbursement

We are working with the Department of Social Services and Office of Policy and Management to implement a new reimbursement structure based upon federal guidelines. This item will be contained in the final budget and implementing language has been agreed to by all parties.

MA Legislative Update



At this time there is nothing to report MA Legislative Affairs.

CLASSIFIEDS:

Allan's Pharmacy, Manchester by the Sea is looking for a P/T or F/T pharmacy technician. Experience is required. If interested, please email jsrxski@aol.com or call the store at 978-526-1321.

ME Legislative Update

By Ron Lanton, NPSC Lobbyist, True North Political Solutions

The Maine pharmacies have been working on getting legislation passed this year around the DIR fee issue that has been negatively impacting regional pharmacies. However; the DIR issue has evolved into legislation targeting PBM clawbacks as well as lifting the pharmacist gag order that prohibited pharmacists from communicating to patients about other prescription drug options.

Originally LD 6 was titled *An Act To Prohibit Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies*. The bill is sponsored by Senator Gratwick (D-Bangor) who is also a physician.

LD 6 started as hybrid bill which attempted to prohibit DIR fees and target PBM clawbacks. This bill was the first in the nation that addressed both issues and was largely a legislative experiment to see how the legislature would react to two difficult issues.

While the PBMs lobbied hard against the DIR fee, the Maine legislature was not sure if they could legally wade into the DIR debate. After the Maine pharmacy lobbyist Ron Lanton convinced the Maine Insurance and Financial Services Committee that the legislature's jurisdiction was satisfied by the state's oversight of dual eligible consumers, the Committee then inquired as to whether there was any data outside of Medicare



Part D that showed how DIR fees were impacting consumers. At that point, the pharmacies had to concede and agreed with the Committee that since there was no data in either Maine or nationwide that showed consumer impact, the Committee would take up DIR in the next legislative session.

However; the Committee decided to move forward on the clawback issue, as many members of the Committee felt that this was a consumer issue that not only impacted pharmacy reimbursement but harmed consumers by having them pay more than the actual prescription via their copay. LD 6 was amended with a new title *An Act To Prohibit Insurance Carriers from Charging Enrollees for Prescription Drugs in Amounts That Exceed the Drugs' Costs'*. The language was amended to read as follows:

A carrier or pharmacy benefits manager may not impose on an enrollee a copayment or other charge that exceeds the claim cost of a prescription drug. If information related to the cost or clinical efficacy of a prescription drug or alternative medication is available to a pharmacy provider, a carrier or pharmacy benefits manager may not penalize a pharmacy provider for providing that information to an enrollee.

Soon after, LD 6 received a unanimous 13-0 vote out of Committee and is currently on the Maine Senate floor.

CT MEDICAID AUDITS CONTINUE

By Karen Hekeler



As a reminder, if you receive notice of audit, please call me right away. I will do my best to guide you in preparing for the audit. While, we have seen some ZERO findings audit reports, we have also some audits exceed \$100k so it is extremely important to take these audits very seriously and prepare. If you have not had a recent state audit, why not begin preparing now? Common audit findings include: Non-Tamper Resistant Rx Pad, Missing Diagnosis Code, and DAWI's. Is your offer to counsel turned on in your electronic signature pad or indicated on your paper signature log? How about for delivery Rx's? Do you have signature on file for all Rx's picked up or delivered? As always, if you have any questions, please feel free to call me – 203 671 3847.



Thank you!

To all of our network pharmacies that participated in our vendor programs in 2016.

Due to your support, we were able to return \$1,420,000 back to you in incentive dollars!!!



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