NPSC
STRONGER Rx TOGETHER

Network News

WWW.NORTHEASTPHARMACY.COM MARCH 2018

We are ALL in this Together

By: David Benoit

SPECIAL POINTS OF INTEREST:

- Immunization Trainings (pg. 6)
- ATTN CT Pharmacies (pg. 3)

INSIDE THIS ISSUE:

INSERTS
ARGOSY GROUP
RETURN SOLUTIONS

April is roaring toward us, which means that the EXPO is coming up soon. We have divided the education and training programming over two days. On Tuesday, April 24 beginning at 1:00 p.m., attendees can choose either presentations by the DEA and OSHA (totaling 4 hours of law) or a Red Cross certificate training program on CPR and AED. Tuesday night, NPSC will host the "Let's Network" Kick Off Reception. We have a special rate for the hotel, The Mystic Marriott Resort and Spa in Groton, CT. On Wednesday, April 25 there will be two morning sessions: learn about Nutrient Depletion followed by Getting Paid for Clinical (Enhanced) Services. After the EXPO and raffle, the afternoon session will provide classroom -style training on completing and billing your Outcomes Medication Therapy Management (MTM) and adherence cases. We will wrap up at approximately 4:00 p.m. *(See pg. 11 for complete schedule.)*

Except for the Red Cross certificate program, CEs will be ACPE-accredited for both pharmacists and technicians. If the Outcomes MTM training program interests you *(see article on page 7 to see why it should),* the speaker is scheduling one-on-one appointments. In addition, NCPA's front store guru, Gabe Trahan will be scheduling one-on-one appointments throughout the course of the EXPO.

The Community Pharmacy Enhanced Services Network-USA (CPESN-USA) has taken root in Massachusetts. The group of approximately 25 pharmacies, have put their structure and organization in place, the Massachusetts MPESN. There is also a recently formed NH group. NPSC is looking for one or more energetic "luminaries" (who must be pharmacy owners) to spearhead a group in Connecticut or Connecticut-Rhode Island. The group might also include Western Massachusetts.

Participating Pharmacies rely on NPSC for many things. The legislative season is upon us. We have done the work to have state legislatures file bills that are very important to us. At the national level, NCPA has done its work in Congress to get on the agenda. Now, it becomes time for you to get in the game. You need to ask for the support of your legislators to sponsor and vote for our bills in the state house. The same is needed at the federal level. NCPA's Legislative conference is April 11 and 12 in Washington, D.C. I'll be there on the 10th, returning home on the afternoon of the 12th. I know a bunch of pharmacists that will be there. You should be one of them if at all possible. I'd be happy to buy you a refreshment, if we meet there.

Our legislative success in Connecticut was the passing of an anti-clawback claim bill, which became law on January 1, 2018. The third parties were not all prepared to follow the new law and we have been hounding them to update

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Continued on page 2

"We are All" continued from pg. 1

their systems and reprocess the claims. While the problem has not been resolved, the guilty parties have acknowledged the need for a cure and we were told that it was coming as soon as two weeks ago.

I, in particular, will follow the progress of the joint health care venture of Amazon, Berkshire Hathaway, and JP Morgan. So far three executives representing the three companies have formed the core executive group. They are charged with hiring a CEO for the project in the coming months. It is a very important decision, as this person's vision will shape the course and lead the charge of the project. There is no imminent danger that the world will soon be suddenly changed. They will need to remove layers of health care administration and bureaucracy. We would all be happier if that could happen. We might also be healthier at lower cost. Apple has thrust its hat into the health reform ring by launching two company-owned clinics for their employees.

For other newsworthy happenings, there is the Amerisouce Bergen Company (ABC) acquisition of H D Smith, the possible increase in ownership of ABC by Walgreens, the elimination of all but four contracting PSAOs by Express Scripts, and the merger of CVSCaremark with Aetna.

Moving forward, we would caution you to be very mindful of the DIRs and Performance Program true-ups that will be updated to their 2018 terms. The schedule remains the same as in prior years, but there have been some significant increases in DIR fees in Preferred networks for Caremark's Medicare D plans, in particular. Those withholds will begin approximately mid-year, around the first week of July and will approach being double what they are now for Preferred pharmacies. Non-preferred pharmacies will not have this increased financial exposure.

Enfield Compounding Center, Enfield, CT

Saigon Pharmacy, Dorchester, MA

TUESDAYS AT 10

Argosy Group offers the NPSC network FREE monthly webinars with the best in DME information! It will be the best 30 minutes you spend all day!

Next Webinar

Date: March 14, 2018 Time: 11:00 EST

Topic: Business/Operational Topic

Register: www.northeastpharmacy.com

NPSC SPOTLIGHT VENDOR:
Return Solutions

Return Solutions' OneCheck Select program helps you reclaim time spent tracking expired product return credit. Receive a single check, for all credit due from Return Solutions, issued within your choice of 30, 60, or 90 days after a return. The rate you pay depends on the timeframe selected and is an all-inclusive percentage of credit issued. Manufacturer credit values are listed on the check stub so customers know exactly how much they have received from each manufacturer, virtually eliminating credit tracking. Choose the comprehensive on-site service and allow an experienced rep to take care of the return process, or opt for the easy and economical mail-in service.

As a NPSC participating pharmacy, you receive the "30-for-90" promotion on your first return with Return Solutions: the check is issued to you in just 30 days at the same rate as the 90-day option. To learn more, call 1.800.579.4804 or visit www.drugreturns.com/newaccount to get started.

Attn CT Pharmacies:
From Director of Drug Control

If anyone comes across a prescriber who does not have a waiver on file and is not using EPCS the prescriber can be reported to the Drug Control Division. The best way to report these individuals is using our email address DCP.DrugControl@ct.gov.

WHAT'S UP AT NPSC?

NPSC received a mention in an article in *Modern Healthcare*. The article focuses on the CMS-proposed lock-in policy. To view the full article visit http://www.modernhealthcare.com/article/20180117/NEWS/180119919 To view full comments to CMS, please visit our website at www.northeastpharmacy.com.

Need help recredentialing, applying for Medicare, or have regulatory questions? We are here to help. Call Pam or Karen!

MA Legislative Update

By Dennis Lyons, R.Ph., Legislative Consultant to MIPA

Formal sessions for the second half of the 2017-2018 legislative year began in January 2018. So far there have been several developments, some good and some unclear on the fate of our three previously submitted bills (see below). The pharmacist provider status bill was passed by the Health Care Committee and given a favorable vote. This is a major victory for pharmacists and a huge next step in the process of seeing this bill passed. We also anticipate the house developing a comprehensive health care measure headed up by Representative Ronald Mariano (Majority Leader), later this spring and is expected to address problems with Mac pricing transparency, copay claw backs and other PBM issues.

The Massachusetts Independent Pharmacist Association (MIPA) in collaboration with the Massachusetts Pharmacists Association (MPhA) have sponsored three major pieces of legislation.

Senate 583 / House 2185 – *An Act to ensure access to generic medications*: - this bill seeks to address the problems faced with MAC drug lists and rising generic drug costs. Currently in the Joint Financial Services Committee -is likely to be sent to a study

Senate 523 - *An Act ensuring access to medications*: - this bill amends the state existing "Any Willing Provider" law and defines specialty pharmacy and what specialty drugs really are. Currently in the Joint Financial Services Committee – likely to be sent to study

Senate 1240/House 1214 – *An act recognizing pharmacists as healthcare providers*: this bill would finally recognize pharmacists as providers thus allowing a pathway for payment for clinical services and expand the current Collaborative Drug Therapy law to allow pharmacists to engage in many more disease states including pain management. **This bill was given a favorable report and has passed out of Joint Committee on Public Health on February 21, 2018.**

The Governor has submitted another anti-Opiate bill H4033, which is anticipated to see action in the coming months. Included in this proposal are several improvements to access to treatment for people suffering from opioid misuse. Also included is a change in the partial fill provision previously passed that allows patients to request an amount less than originally prescribed. The new bill would allow the patient to access the balance of the prescription if they go back to the original pharmacy. The bill also includes a new mandate for electronic prescribing for all prescriptions January 1, 2020. After that date paper prescriptions would no longer be valid.

The Governor's proposed bill also includes a section creating a statewide standing order for any pharmacy to utilize when dispensing naloxone in the absence of prescription. Pharmacists utilizing this statewide standing order will be required to submit a report to the Department of Public Health annually as to how many times this process is utilized to dispense a narcotic antagonist. The bill also contains language protecting individuals acting as "good Samaritans" in administering narcotic antagonists to persons exhibiting overdose symptoms.

The pharmacy grassroots program continues and is open to all members who wish to participate and may involve visits to pharmacies by elected officials or meetings in the district offices. We have found in the past; these interactions are extremely effective and help to build a positive relationship with the local pharmacists and his or her representative in the legislature.

Anyone interested in participating is urged to contact Dennis Lyons at hiddgl@gmail.com (617-312-5906) for more details.

CT Legislative Update

By Kevin Hill, NPSC Lobbyist, Power, Brennan & Griffin, LLC

The Connecticut General Assembly convened on February 7th to begin the 2018 legislative session. This is a short session that adjourns in early May and because the state adopts biennial budgets, the General Assembly is not mandated to pass a budget this year. Each member of the legislature as well as the Governor and all state constitutional officers are up for election in November so we expect a flurry of bills to be proposed this year as legislators jockey for political position.

Though the session is only two weeks old, we have seen quite a lot of activity of note to pharmacy.

First, the Lieutenant Governor's Healthcare Cabinet has been working for months on issues related to health reform and the development of an integrated health system of Connecticut. The Cabinet recently adopted recommendations that they have sent to the Governor and legislature for their review. Among these recommendations are strategies on pharmaceutical cost containment. Within these strategies was the bill NPSC proposed previously that allowed for transparency in maximum allowable cost (MAC) price.

We have been working with the Insurance Committee as to whether they will take up the recommendations put forth by the Healthcare Cabinet. Due to the short session, the committee chairs have relayed to us that they will not be taking up the recommendations this year and they will be held for next session.

Beyond the Healthcare Cabinet, many bills and concepts have already been proposed that NPSC will have to address. The following are some key bills that have been proposed in the past week:

- An Act Establishing Fines for Violations of the Electronic Prescription Drug Monitoring Program
- An Act Concerning Changes to Pharmacy and Drug Control Statutes
- An Act Concerning Biological Products
- An Act Requiring the Health Information Technology Officer to Establish a Working Group to Evaluate Issues Concerning Polypharmacy and Medication Reconciliation
- An Act Limiting Changes to Health Insurers' Prescription Drug Formularies
- An Act Concerning the Sale of Fentanyl
- An Act Allowing Medical Assistants to Administer Vaccines and Nebulizer Treatments
- An Act Concerning Opioids
- An Act Preventing Drug Overdose

Nearly all of the bills are concepts as of now – that is, there is no bill language beyond the title and the Committee is exploring further what they want to address with the bill. We will be diligent in tracking down the substance of these items.

Beyond the General Assembly, we have been working with Cigna to address a dispute that has come about over the 'claw back bill' that we were able to pass into law last session. NPSC members noticed that these 'claw back' practices were still occurring by Cigna even after the law went into effect on January 1st. We reached out to Cigna to alert them that this practice was still occurring. They immediately responded, acknowledging their error. Their IT department is still in the process of adjusting their system to address the problem so that this practice no longer occurs and patients and providers can be made whole.

As always, please feel free to contact me with any questions or concerns.

ME Legislative Update

By Ron Lanton, NPSC Lobbyist, True North Political Solutions

Governor LePage (R-ME) gave his State of the State address stating that during his term as Governor he ran the state like a business and made the state a business friendly state. He did not mention any new policy on opioids. He has promised to support Medicaid expansion if the legislature finds a way to pay for it, notwithstanding the fact that the voters last year have approved it via ballot initiative.

Rep. Gattine (D-Westbrook) who is a co-chair of the Appropriations Committee has argued that the state's $1.5 billion that has been appropriated to the expansion is enough to get the expansion up and running and that the Department has until July 1 to start the process for accepting new applications. Democrats believe that the matter will go to court if not resolved quickly.

There has been action on naloxone after we have witnessed stagnation by the Governor on this issue. The Maine Board of Pharmacy raised the proposed age from 18 to 21 to obtain an overdose-reversing drug available without a prescription. After getting the Governor's approval, the board has issued a proposal reflecting this change where the comments on this issue will be taken until March 9th.

We will continue to monitor the legislature for more developments.

RI Legislative Update

By Jack Hutson, NPSC Lobbyist, New England Association Services

Our focus this session is on Fair Auditing practices by PBM and to that end H7684 has been introduced in the House by Rep. Ray Hull and is being introduced in the Senate by Senator Erin Flynn Prata. While we await each bill to be scheduled for a hearing, we need to assemble several independent pharmacies to testify as to the difficult issues you have faced with audits. This is a key aspect of helping the committee and leadership to understand the urgency of our proposed legislation. Please contact Jack Hutson at either jack.hutson@neasllc.com or 401-241-6510 to be added to the hearing/testify list.

IMMUNIZATION TRAININGS

Sunday, March 11, 2018
7:30 AM – 5:00 PM
Long Island University AMS College of Pharmacy
75 DeKalb Avenue, Brooklyn , NY 11201
718-488-1065 joseph.bova@liu.edu
Fee:$425.00

Thursday, March 29, 2018
UConn, Aqua Turf, Plantsville, CT
7:00-5:00
For info visit http://ce.pharmacy.uconn.edu/immunization/ or contact joanne.nault@uconn.edu

Friday, April 6, 2018
Northeast University
https://bouve.northeastern.edu/pharmacy/continuing-education/

August 15, 2018
UConn School of Pharmacy
Storrs Campus
https://ce.pharmacy.uconn.edu/immunization

Thousands of dollars……
Do I have your attention?

By Pat Monaco

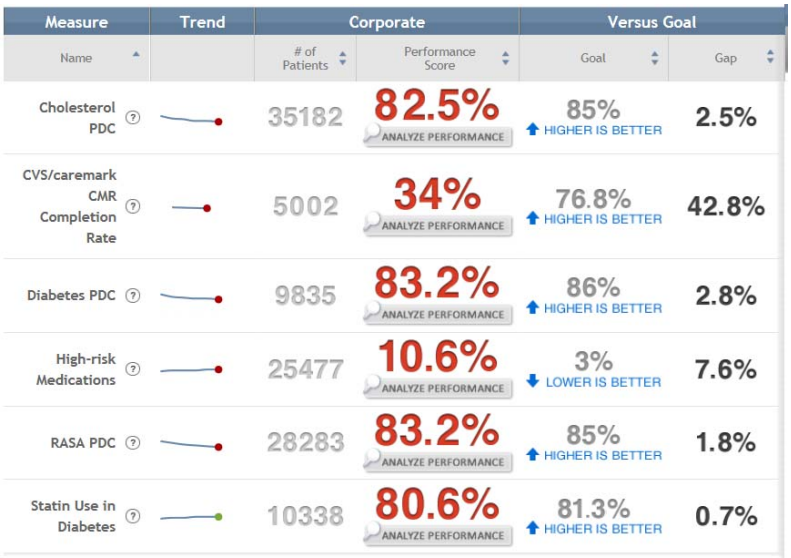
We had the opportunity this week to speak with our contact at EQuIPP, Zac Renfro. We reviewed the performance of the entire network based on the 5 star criteria and adherence. This is what we learned:

- As a whole, we performed 2% better than last year… but we need to continue to do even better.
- Thousands of dollars are on the line in the performance programs you are in with Caremark (Silverscript), Express Scripts, Humana, United Healthcare, and Cigna HealthSpring. This is where the ***increase*** in your DIR fees resides…
- Three very important things:
    1. First, log in and review your EQuiPP scores weekly. I know you have a lot to do but a tech can do this.
    2. Focus on adherence as a whole and find the patients that are causing your numbers to be in the red. They are called "outliers" and in the EQuiPP software you can click on the Outlier button and their names are there. It may not be a lot of people but you need to work with them.
    3. Statin Use in Diabetes will be triple weighted in 2020 using 2018 data.

- If you need help navigating the EQuIPP site:
    * Visit our website at www.northeastpharmacy.com. Under Resources, click on EQuIPP. Links to tutorials are available here in YouTube video format.
    * Visit our Facebook page. We have posted links to trainings at www.facebook.com/northeastpharmacy.
    * Links are available on www.equipp.org under the FAQ tab, click on QuikTrain Tutorials.
    * EQuiPP has offered to customize some training for NPSC stores. This will be posted on our website once developed. They will also include an article in the April newsletter.

This is important information and it means real money to you!

As you can see in the screen shot of the entire network, we have some work to do in CMR Completion Rate. Kenny Correia will be available at the Expo & CE in April to meet one-on-one with you on Outcomes. In addition, Kenny will offer a CE session entitled, "Overview of BCBSRI MTM Program and Outcomes MTM Documentation System" on Wednesday, April 25 from 2:00P-4:00P. Attending the Expo is vital to your business now more than ever. We look forward to seeing you there. Contact Valerie today to schedule your appointment with Kenny at valerie@northeastpharmacy.com or 800-532-3742 ext 121.



Measure	Trend	Corporate		Versus Goal	
Name		# of Patients	Performance Score	Goal	Gap
Cholesterol PDC		35182	82.5% ANALYZE PERFORMANCE	85% HIGHER IS BETTER	2.5%
CVS/caremark CMR Completion Rate		5002	34% ANALYZE PERFORMANCE	76.8% HIGHER IS BETTER	42.8%
Diabetes PDC		9835	83.2% ANALYZE PERFORMANCE	86% HIGHER IS BETTER	2.8%
High-risk Medications		25477	10.6% ANALYZE PERFORMANCE	3% LOWER IS BETTER	7.6%
RASA PDC		28283	83.2% ANALYZE PERFORMANCE	85% HIGHER IS BETTER	1.8%
Statin Use in Diabetes		10338	80.6% ANALYZE PERFORMANCE	81.3% HIGHER IS BETTER	0.7%

EQUiPP screenshot live data from 2/28/2018

“Drug Costs Too High,” by Harrison Connery

Used with permission, Republican-American, January 8, 2018

HARTFORD — A state panel of policymakers and doctors has released a draft of a report calling for more transparency in how the cost of prescription drugs is negotiated for Connecticut consumers.

The state Healthcare Cabinet, which has 21 members and is led by Lt. Gov. Nancy S. Wyman, is calling for public comment before completing its work.

Key parts of the draft inspect middleman agencies between drug companies and insurance carriers that can directly affect what a customer pays at a pharmacy. Known as pharmacy benefit managers, the companies are intermediaries, usually hired by health care plan sponsors to negotiate the price of prescription drugs with drug manufacturers and pharmacies.

They are largely unregulated at the federal level, and critics argue there is not enough transparency in the negotiating process, allowing the managers to take advantage of pharmacies and sponsors.

The result for consumers, according to the state panel: Rebates negotiated with manufacturers contribute to higher prescription drug costs.

"They seem to be identified as part of the problem of higher drug costs, I don't think there's any question about that," said Jill Zorn, senior policy officer at the Universal Healthcare Foundation of Connecticut, which is working on the state panel's cost determination and cost containment work group.

The General Assembly established the Healthcare Cabinet in 2015 to advise Gov. Dannel P. Malloy on health care costs and how to contain them.

According to the IQVIA Institute for Human Data Science, a company hired by different kinds of health care companies to evaluate their work, Americans spent $450 billion on medicines in 2016, up 4.8 percent from the year before.

The company expects the cost of medicines to grow each year by single digits through 2021.

Edward Schreiner, manager of Stoll's Pharmacy on Grove Street in Waterbury, said he's in favor of the state intervening to remove the cloak from negotiations.

"That, we think, is really the answer to why generics are going up so much," he said. "There's no transparency."

Schreiner said the cost of brand name drugs has increased yearly faster than inflation, and that over the past decade the price of generic pills has also been rising "faster than it should."

A 2016 study by AARP found retail prices for the most widely used prescription drugs consistently increased faster than general inflation in every year from 2006 to 2013. In 2013, retail drug prices were up 9.4 percent, while inflation was 1.4 percent, according to the AARP study.

For a consumer who takes a prescription drug on a chronic basis, AARP estimated, that translated into an annual cost of more than $11,000 in 2013.

The Healthcare Cabinet's draft calls for requiring pharmacy benefit managers to disclose funding they provide to nonprofit patient advocacy groups to the state ethics office; allows client audits of contracts and establishes minimum standards regarding the conduct of such audits; and requires pharmacy benefit managers to exercise fiduciary responsibility on behalf of their clients.

It is unclear what expectations the cabinet intended concerning fiduciary responsibility, or how consumers might benefit. Members of the Healthcare Cabinet declined to comment about anything in their report until a final version is produced.

In a statement to a subcommittee of the U.S. House of Representatives the National Community Pharmacists Association accused plan benefit managers of misleading plan sponsors on the value of rebates the managers received from the manufacturer, raising costs for sponsors and

beneficiaries.

The pharmacists association also argued that the benefit managers can set the price of drugs through maximum allowable cost lists, which set the upper limit on the price plan sponsors will pay for generic drugs.

Angela Mattie, a professor at Quinnipiac University medical school and a board member at Saint Mary's Hospital, said plan benefit managers have no incentive to lower the cost of drugs because rebates they negotiate are a percentage of the list price — the higher the list price the higher the rebate.

Jane Lutz, executive director of the Pharmacy Benefit Management Institute, said plan benefit managers play a critical role in controlling cost for health plan sponsors.

"They represent significant market share in the industry and they use that market share to leverage rebates from manufacturers and discounts from retail pharmacies," she said.

Mattie said mergers in the health care industry like CVS and Aetna and Amazon's plans to distribute drugs are industry disrupters that could eliminate the need for pharmacy benefit managers.

"The question becomes do we really need PBMs in our supply chain for pharmaceuticals," Mattie said. "I think people realize that middle part of the pharmacy chain does drive costs up. Whether or not PBMs will still be in our system in five years is debatable."

Connery, Harrison. "Drug Costs Too High." *Republican American*, 8 Jan. 2018.

iMedicare is now Amplicare

Our friends at iMedicare have done some considerable thinking and to best serve the evolving needs of community pharmacies, they have decided to undergo significant changes.

They know pharmacy owners see the most value during Open Enrollment, and recognize that they are looking for versatile solutions that allow them to do more of what they are good at...taking care of patients - Everyday.

That is why iMedicare decided to embrace an all-in-one solution that you can use every day to drive profitability to your pharmacy, while meaningfully engaging with your patients in a myriad ways.

Moving forward iMedicare will be called Amplicare, as they strive to enable you to provide amplified care for your patients.

There has been no change in ownership. The same people that you have come to know the last few years at iMedicare will continue to own, operate, and evolve as Amplicare.

- iMedicare - the best plan comparison software.
- Amplicare Restore - Drive front-end sales with clinical solutions.
- Amplicare Impact - Keep Star Ratings high and DIR fees low. Identify which patients are impacting your bottom line and intervene at the right moment.
- Amplicare Connect - automated refill reminders to patients affecting your DIRs, customized campaigns, birthday calls, and more; all recorded in your voice and coming from your phone number.

For more information please visit https://ampli.care/ or attend one of our rebranding webinars. Register here.

It's Almost Like the Elderly are Being Preyed Upon …

by Jayne Cannon | Feb 13, 2018

From NCPA The Dose

We talk a lot about PBM abuses, but there's no better way to illustrate the real-life impact of PBMs than hearing examples of what goes on in community pharmacies across the nation every day. In the coming weeks, we'll feature some of these stories from NCPA members who've told us how PBMs mislead and mistreat patients and pharmacies.

While I was out of the pharmacy on Dec. 21, one of my patients came in and asked my relief pharmacist to transfer all of her medications to a big-box chain two towns away. When I came back to my store on Dec. 26, I called the patient to ask why she had transferred after almost five years with us. She told me that her insurance broker told her that she could save over $200 by switching from our pharmacy and using a new plan at the big box. So, based on her broker's recommendation, she switched plans.

But the problem is that the insurance broker failed to mention the patient actually could save more than $50 a year over the big box store by staying with our pharmacy and using the new plan. I did my own investigation and research on medicare.gov, and printed a list of the patient's drugs and how much she would pay at the big-box chain versus our pharmacy. After showing the patient she could save even more money by continuing to use our pharmacy, she was thrilled to be able to switch everything back.

On Dec. 28, I called the chain pharmacy and transferred back all of the prescriptions we transferred to them a week earlier, plus all of her new prescriptions. The pharmacist at the chain was confused because they just transferred everything from us a few days ago. Along with causing confusion, we wasted a lot of time with both our staffs transferring prescriptions. It's a process that takes time, and it had to be done twice, for no reason.

I did a little more research and was told that brokerage compensation is consistent across all plans per rules set by the Centers for Medicare and Medicaid Services. In an email exchange with one of the big three wholesalers, I was told plans have employees that enroll patients and that some plans/chains have strong affiliations, so there could be some bias there. I am all for the free market and competition improving care and driving down costs, but what I am against is the idea that some pharmacies and Medicare plans can control the market by misleading/preventing patients from making decisions in their best interest. Money is tight for this patient and she chose the new plan to save a good chunk of money, but she saves more money by choosing that new plan and continuing to use my pharmacy.

The big issue here is that the insurance broker was technically correct in what he did say, but what he did NOT say bothers me. Why fail to tell the patient the whole truth? Why didn't he tell her that she'd save money with a new plan at my pharmacy? This caused confusion and waste with all the transferring, investigation, and transferring. If all of the facts and information were presented in an honest and straightforward way, there would have been no confusion and there would not have been any waste in labor hours. It is almost like the elderly are being preyed upon because of their trust that others will help them make choices in their best interest.

Cannon, Jayne. "It's Almost Like the Elderly are Being Preyed Upon..." *NCPA The Dose*, 13 Feb. 2018.

NPSC EXPO & CE PROGRAM AT A GLANCE

Registration packet mailed out in early March. Online Registration available after March 19.

Tuesday, April 24, 2018

11:00 AM—6:00 PM	Attendee Registration
12:00 PM—2:00 PM	Lunch (no exhibits)
2:00 PM—6:00 PM	OutcomesMTM One-on-One Meetings with Kenny Correia (by appt)*
2:00 PM—6:00 PM	Gabe Trahan One-on-One Front Store Help (by appt)*
1:00 PM—3:00 PM	**Law: Controlled Substances Regulations and Drugs of Abuse (.2 CEUs)** *Claire M. Brennan, Diversion Program Manager, DEA, New England Field Division*
1:00 PM—4:00 PM	**Adult CPR/AED (Certificate Program, no CE credit)** *Red Cross*
3:00 PM—5:00 PM	**Law: Intro to OSHA: Safety Fundamentals for Today's Professional (.2 CEUs)** *John F. Able, CSP, CONN-OSHA, CT Dept. of Labor*
6:00 PM—10:00 PM	"Let's Network" Kickoff Reception

Wednesday, April 25, 2018

7:00 AM—9:00 AM	Networking Breakfast
7:00 AM—2:00 PM	Exhibit Hall Hours
8:00 AM—2:00 PM	OutcomesMTM One-on-One Meetings with Kenny Correia (by appt)*
8:00 AM—4:00 PM	Gabe Trahan One-on-One Front Store Help (by appt)*
8:00 AM—9:30 AM	**Identifying and Managing Nutrient Depletion (.15 CEUs)** *Dennis Song, RPh, CHC*
9:30 AM—11:00 AM	**Clinical Billing: Let's Get Paid (.15 CEUs)** *Angela Jenkins, Sr. Reimbursement Specialist, Creative Pharmacist*
11:00 AM—2:00 PM	Lunch & Exhibits
1:30 PM	RAFFLE
2:00 PM—4:00 PM	**Overview of the Blue Cross Blue Shield of Rhode Island Medication Therapy ManagementProgram and OutcomesMTM Documentation System (.2 CEU)** *Kenny Correia, PharmD, BCACP, CDOE, Board Certified Ambulatory Care Pharmacist, Anchor Medical Associates*

* One-on-One Sessions with Gabe Trahan and Kenny Correia (OutcomesMTM) are 30 minutes in length and offered on a first come first served basis. **To schedule, please contact Valerie Kacian at valerie@northeastpharmacy.com or 800-532-3742 ext 121.**

Haven't been on the NPSC website lately? Here's what you're missing!

- Authorized Vendor Directory
- State Specific Resources: Employee, Tech Training, Compliance Tools, Quality Assurance, State Checklists, and Signs
- Compounding Links & Resources
- Fraud, Waste & Abuse Program
- HIPAA 2013 Privacy & Security Guide
- EQUiPP Tutorials
- Legislative Affairs
- Vaccination Programs
- DEA Related Info
- Naloxone Resources
- Med B Accreditation: DMEPOS Links Page
- Regulatory Box Policies
- Third Party Resources
- Full Fax Network: Missed a fax? Get it here!

www.northeastpharmacy.com

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