
**CURB
Meeting Minutes
January 18, 2012**

PRESENT

Board: Michel Benoit, MD, Patricia Berry, MPH, Delores Burroughs-Biron, MD, David Butsch, MD, John Mathew, MD, Paul Penar, MD, Norman Ward, MD, Richard Wasserman, MD

DVHA Staff: Michael Farber, MD (Medical Director, moderator), Daljit Clark, Jennifer Herwood, Nancy Hogue, Kristin Allard

Absent: Adam Kunin, MD, William Minsinger, MD,

HANDOUTS

- Agenda
- Draft minutes from 11/16/11
- 340B Rebate Program

CONVENE: Dr. Farber convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review of Minutes - Dr. Michael Farber

The November 11, 2011 minutes were reviewed and accepted with minor changes by the CURB members.

3.0 340B Rebate Program – Nancy Hogue

340B Drug pricing Program

- Resulted from the enactment of the Veterans Health Care Act of 1992
- Low level of participation:
 - Initially FQHC pilots
 - 340B pharmacy in Colchester
- A change was made in the eligibility criteria, therefore:
 - 12 out of the 14 Vermont hospitals now qualify
- 340B became a topic for Challenges for Change in 2010
 - DVHA proposed changes in this program in the State Plan Amendment (SPA) to CMS.
 - After almost a year, CMS has given DVHA authority to proceed with our 340B program under our Global Commitment authority.
- Note there is one change in the language of the SPA in the handout based on CMS' feedback: There is a \$15 or \$30 dispensing fee, and a separate incentive

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payment (not part of the dispensing fee) that CE's can receive. The CE's can receive up to 10% of the total 340B savings up to \$3.00 per claim.

- Processing:
 - When the drugs are dispensed under the pharmacy benefit, claims are paid at the usual network rates, and the 340B calculations are done on the back end.
 - When the drugs are dispensed under the medical benefit, a modifier is added to the claim so it can be processed without an NDC on the claim.

Discussion:

- Dr. Mathew: Community Health Pharmacy.
 - All patients of the FQHC are eligible to use this pharmacy.
 - The best price can be passed onto the patient and Medicaid.
 - Medications are delivered by mail for free through Community Health Pharmacy. A benefit in many ways: for those who don't have cars, price of gas, convenience etc. Medications are often delivered overnight.
 - The pharmacy has hired a company to manage the quarterly changes in drug prices so they know the best buy on the medications.
- Many hospitals are not currently including ("carving-in") Medicaid but if they did, it would save Medicaid substantial money. One reason is the money the hospital makes off the pricing of 340b medications for commercial insurers is put back in their budget.
- One area that needs to be considered is that at times brand name medications can be cheaper than generic medications. Nancy is aware of this, and there are systems in place, drug formulary and the Preferred Drug List at DVHA that have taken this into account when developed.
- If psych medications were included, this would be another area of significant savings.
- What is the barrier for hospitals to signing up? Lack of understanding of the program.
 - This is a marketing issue.
 - Nancy Hogue: There have been discussions around this at DVHA. Part of the problem is that DVHA didn't want to be too aggressive until we had CMS approval so we would know what we could offer. DVHA is now able to move forward. One carrot DVHA is using is the incentive payment as discussed earlier. DVHA will continue to strategize this issue.
 - DVHA will report back to CURB on these discussions.
 - A suggested focus in the approach to hospitals is to show how this will benefit them – such as they won't lose money and Medicaid will save money. The catch is if they don't join, Medicaid in essence loses money and then may need to make financial cuts elsewhere.

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- Dr. Burroughs-Biron wants to get Corrections involved and will set up a meeting with Dr. Mathew to discuss moving forward with this idea.
- Nancy Hogue: This system currently does not fit with the retail pharmacy practice model. It is difficult for pharmacies to process both 340B and non-340B sales at Point-of-Sale (POS) real time claims adjudication.
- Contacts at the hospitals are the head pharmacist up to the CEOs.
- Consider giving training on the program to the Vermont Hospital Association.
- Dr. Mathew:
 - Community mental health centers can be involved. The psychiatrists would write the script and would need to be listed under one of the participating doctors. In essence the doctor would be signing off the psychiatrist's script. In the system this would be recognized and the script would be filled.(note: this recognition is all back-end, not POS)
 - One issue to be aware of is if a patient leaves a practice that is participating; the patient has to be removed from the list so they will no longer get the benefit.
- Pharmacy costs account for \$125 – \$130 million for Medicaid.

4.0 and 5.0 Medicaid Medical Director's Meeting Overview and What to do about Frequent Flyers in the Emergency Room – Dr. Farber

Cost Saving Strategies: 48 ideas discussed at the Medicaid Medical Director's Meeting summarized and presented here for discussion (please note: not ALL are useful ideas for Vermont)

- Reduce deliveries at less than 39 Weeks from Scheduled C-Sections
 - Using birth certificates to identify cases
 - Discussion:
 - Patricia Berry – this is currently happening in Vermont. At this time all hospitals have agreed to do this and it is being monitored. Data will be brought to the next CURB meeting.
 - Dr. Ward: VPR had a story on this where Mothers' feel their right to choose their delivery is being taken away from them. The CURB consensus that allowing the expecting mother to choose the date of delivery could be considered neglect by the provider.
- Reduce Emergency Room utilization:
 - Target pediatric age group for avoidable visits: Area of focus: sore throats, ear aches, upper respiratory infections, and coughs.
 - Discussion: Pay as a lower ED E & M code only for avoidable ED visits. How would that relate to EMTALA?
 - Copay.
 - Discussion:

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- ◆ Dr. Farber: Not easy to implement with Medicaid patients can not be taken off the program for non-payment. Collection of the co-pay needs to be worked out.
 - ◆ Patricia Berry: Use the private insurer model where there is a larger copay for an ER visit than a PCP office visit. There may be higher ER utilization in Franklin County due to a shortage of PCPs.
 - Dr. Burroughs-Biron stated that there is a community health center in Franklin County.
 - ◆ Dr. Burroughs-Biron suggested utilization of a 24 hour call line.
 - The group felt most practice voicemails state, “if this is an emergency please hang up and call 911”, encouraging ER use. It would be beneficial to change the culture that suggests and encourages a 911 call or an ER visit when the provider is not immediately available.
 - Dr. Farber: For some plans, call lines have been under utilized.
 - ◆ Dr. Burroughs-Biron asked can DVHA incentivize frequent flyers? For example: Work with grocery stores and provide \$50 gift cards for food. Movie tickets, gym memberships have also been used as incentives for better health choices or treatment compliance.
 - ◆ The CURB suggested working with the case managers at the hospitals. And provide monthly incentives if beneficiaries reduce ER visits.
 - ◆ Dr. Farber: DVHA will discuss and look at the data to determine what parameters (number of visits etc.) could be utilized in the program.
- Enrolling pain patients into Pharmacy and Provider Lock In Program (called Team Care in Vermont):
 - Discussion:
 - Dr. Mathew: The lock-in program is not known by many providers and providers need education regarding this program.
 - Dr. Penar: Place some responsibility also on patients by requiring more participation in this program or face a penalty.
 - Dr. Benoit: The EMR will help with this.
 - Dr. Burroughs-Biron: The VPMS is under utilized
 - Out of state pharmacy need to be enrolled as a Vermont Medicaid provider to receive reimbursement for prescriptions provided to

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Vermont Medicaid beneficiaries. . Beneficiaries may pay cash for prescriptions and remain unknown by the program.

- Centers of Excellence for Specific Medical Conditions and Eliminate Need for Prior Authorization:
 - Discussion:
 - What medical conditions should be directed to Centers of Excellence? Eating disorders, transplants, and other conditions were discussed.
 - Currently DVHA is pulling data on transplants. DVHA would like to assign a center of excellence for transplants and negotiate a Vermont rate from that hospital.
 - ◆ Patricia Berry: This would ensure quality as well as cost.
 - ◆ Dr. Benoit: This would clarify what special services are available (areas of expertise) in Vermont. There was general discussion on how to collect this information and convey to providers areas of expertise available in Vermont.
 - DVHA could develop centers of excellence for DME providers. Treatment of autistic spectral disorders is currently on hold by the Governor.
- Targeted Provider Rate Reductions:
 - Discussion:
 - Not a good idea in Vermont and generally may adversely affect provider access by beneficiaries.
 - Dr. Mathew: Proposed cuts in past were researched and considered when the services were found to be overpaid.
 - Dr. Wasserman: Does Vermont have a group that is currently over paid? This has been looked at by DVHA and payments are generally by specific service rather than by provider type.
 - Dr. Wasserman: Is there a role for Medicaid to work with Medical Directors of the private insurers?
 - Dr. Farber: Long term care, is generally about 30% of the budget.
 - ◆ The group stated that it is already difficult to get Medicaid patients into Long Term Care facilities. If payments were reduced there could be increased length of stay in hospitals due to placement barriers. The focus needs to be on the current program Choices for Care.
- General discussion:
 - Dr. Butsch: Utilize the system that is already being built with case managers. This way they are responsible for remembering the details so

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the providers can focus on giving care. Concern raised by Dr. Wasserman is that implementing this program is slow.

- Pay is an issue
- Dr. Mathew: We need to look at the mental health frequent flyers. Consider having a conference to get all the players together to have this discussion. The problem is there is no payment for conferences.
- Dr. Penar: Is it possible to define emergency and then not pay, but due to EMTALA once someone enters the ER they need to be seen so it would be the hospital taking the loss if not paid.
- Dr. Wasserman: If there is a long wait at the ER, people won't go. It is currently utilized because it is convenient.

6.0 Action items

- Patricia Berry to provide c-section data
- DVHA will continue to strategize how to market 340B and report back to CURB.

7.0 Future Topics

- Radiology

Adjournment – CURB meeting adjourned at 8:15 PM

Next Meeting

March 14, 2012

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT