



DVHA Pharmacy Newsletter

News and Updates

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Vermont contract's with NEW Pharmacy Benefit Manager (PBM) Effective 01/01/2015

The State of Vermont, Department of Vermont Health Access has chosen Goold Health Systems (GHS), as their new Pharmacy Benefit Manager (PBM) effective January 1, 2015. GHS is a wholly owned subsidiary of Emdeon, a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers and patients in the U.S. healthcare system.

About GHS

GHS has 40 years of experience in developing Medicaid Pharmacy Benefit Management (PBM) solutions. GHS presently provides diverse, value-driven Medicaid pharmacy services in sixteen (16) states. Their expertise includes clinical management, account management, analytics, pharmacy cost management strategies, claims processing, formulary management, and rebate processing. GHS prides itself on building personal relationships, producing consistent and reliable deliverables and placing a priority on being responsive to their clients.

GHS Medicaid Experience by the Numbers:

- Over 800,000 total covered lives for full PBM services
- Over 13 million total pharmacy claims/year
- Over 200,000 total Pharmacy PA's/year
- Over 250,000 total Help Desk Calls

GHS will be opening a local office in South Burlington over the next 2-3 months. As part of this effort, GHS will be hiring local talent to become part of the Burlington GHS team. Career opportunities with GHS can be found on the www.emdeon.com website under the "Careers" section.

Meet the Staff at GHS



Michael Ouellette, R.PH – Clinical Pharmacist Manager

Michael has over 30 years of pharmacy experience with extensive experience in Medicaid Pharmacy Programs. He has 18 years of retail pharmacy experience which allows him the ability to understand the unique perspective of our retail providers. Michael has served in a leadership role for the implementation, development and support of several Medicaid Pharmacy Programs for GHS with direct experience in Maine, Iowa, Wyoming and Utah. Michael provides clinical pharmacy management experience based on extensive experience with other States in managing a clinically appropriate, cost effective program. Michael's role with Vermont will be focused on the on-going conversion from the current pharmacy claims vendor to GHS' new POS system. He will also oversee GHS' Provider Helpdesk team of pharmacist and pharmacy technicians as GHS sets up a local office in So. Burlington. Operationally, Michael and his team's responsibilities will include helping the DVHA pharmacy team manage the PDL, making Prior Authorization determinations, managing the State Maximum Allowable Cost (SMAC) program, supporting the Drug Utilization Review Board and overall pharmacy benefit management. If you have any questions please feel free to reach out to Mike at mouellette@ghsinc.com and once the local office is fully functional we will send out communications with further contact information for GHS' local office.

Products and features:

Rx -Point of Sale (POS)

- On-line, real time Point-of-Sale (POS)
- Submission of electronic and manual claims for single and multi-ingredients
- NCPDP and HIPAA compliant
- Automated prior authorization process for select conditions and drugs

Provider Helpdesk

The GHS Helpdesk will be staffed and operated out of the GHS South Burlington office location. Staff will include VT pharmacists and pharmacy technicians.

- Supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefits programs
- First point of contact for pharmacy and medical providers with questions, concerns and complaints

Provider Portal

The provider portal will give pharmacists and prescribers access to a secure, web-based application that offers functionality tailored to the individual needs of Vermont prescribers and pharmacists, depending on their practice. Features include:

- Pharmacy and member history look-up capabilities

- Electronic PA submission including upload of clinical documentation
- Status updates for submitted PA requests

Implementation Schedule

The new PBM system is slated to go live no later than January 1, 2015. GHS has already started the implementation process and has been working with State staff since early May on planning, documentation and application configuration.

Provider communications will be sent periodically over the course of the next few months, increasing in frequency as the intended live date approaches. These communications will contain project updates, details on changes to the VT program resulting from the conversion and information on how prescribers and pharmacies can take part in pilot testing the new systems prior to implementation.

Stay tuned for more information about this exciting new project and how you can be involved in bringing updated technologies and increased efficiency to the Vermont Medicaid program.

Pharmacist-Administered Influenza Vaccinations 2014-2015 Season

The 2014-2015 Influenza (Flu) season is fast approaching us. DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older that are enrolled in Vermont's publicly funded programs. Pharmacists must be certified to administer vaccines in the state of Vermont and must be in compliance with all Vermont laws governing vaccine administration. Failure to comply with all Vermont immunization regulations will subject these claims to recoupment.

Covered Services:

- ✓ Fluzone[®] (Trivalent, Quadrivalent, Intradermal, high-dose)
- ✓ Fluarix[®] (Trivalent and Quadrivalent)
- ✓ FluLaval[®] (Trivalent and Quadrivalent)
- ✓ Fluvirin[®] (Trivalent)
- ✓ Afluria[®] (Trivalent)

Children age 6 months through 18 years presenting for flu vaccination at pharmacies should be referred to their health care provider for State-supplied vaccine.

Reimbursement and billing: Pharmacies are reimbursed for the ingredient cost of the vaccine as well as the administration fee. No dispensing fee is paid for these claims. Reimbursement will be based on either a written prescription or a non-patient specific written protocol based on a collaborative practice agreement per state law. These orders must be kept on file at the pharmacy.

Through the pharmacy POS system the pharmacy must submit the code “MA” in the Professional Service Code field for the influenza vaccine claim in order to receive full reimbursement. Please note there will be NO beneficiary copay for influenza vaccine.

Required NCPDP Fields		
NCPDP Field Number	NCPDP Field Description	Required Code
44Ø-E5	Professional Service Code	MA
4Ø7-D7	Product/Service ID	NDC for Flu Vaccine

For questions regarding this benefit, please contact a member of the DVHA pharmacy unit at 802-879-5900.

Rescheduling of Hydrocodone Combination products from Schedule III to Schedule II

Drug Enforcement Administration (DEA) published its final rule in rescheduling Hydrocodone combination products from Schedule III to Schedule II of the Controlled Substances Act (CSA). This change becomes effective on Monday October 6, 2014.

The Hydrocodone combinations products include over 3600 NDC’s and 41 GPI’s. Our current Pharmacy Benefit Manager, Catamaran is currently working with Medi-Span on ensuring a smooth transition.

Special considerations; any prescriptions for Health Care Providers, that are issued before October 6, 2014, and authorized for refilling, may be dispensed in accordance with <https://www.federalregister.gov/select-citation/2014/08/22/21-CFR-1306.22> , 1306.25, and 1306.27, if such dispensing occurs before April 8, 2015.

Complete Final Rule can be found on the Federal Register

<https://www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule#h-5>

Medicaid Copay

Prescription services **cannot be denied** for a Medicaid member who does not pay their co-pays. Although members are expected to make co-payments under Medicaid, if the member states they are unable to make the payment, **Medicaid providers may not deny services**. Per section 1916(c) of the Social Security Act, "no provider participating under the State [Medicaid] plan may deny care of services to an individual eligible for [Medicaid] on account of such individual's inability to pay (the copayment