

Next Generation Pharmacy Program: Specialty Pharmacy

Presenters:

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ODM Acronyms

- PPAC – Pharmacy Pricing and Audit Consultant
- SPBM – Single Pharmacy Benefit Manager
- OAAC – Ohio Average Acquisition Cost
- NADAC – National Average Drug Acquisition Cost
- WAC – Wholesale Acquisition Cost
- PAD – Provider Administered Drugs
- UM – Utilization Management
- REMS – Risk Evaluation and Mitigation Strategies
- NF/ICF – Nursing Facility/Intermediate Care Facility
- NCPDP – National Council for Prescription Drug Programs
- PA/ePA – Prior Authorization/Electronic Prior Authorization

Outline

- Network Criteria/Credentialing
- Specialty Drug List methodology
- Ingredient Cost Methodology/OAAC Survey/expected pricing structure
- Dispensing fee structure
- Submission of claims – medical vs. Rx benefit
- 340B Considerations
- Prior Authorization process
- Prescribing considerations/Member Journey
- OAAC Survey Process

Network Criteria/Credentialing

- Accreditation
 - » URAC
 - » The Joint Commission
 - » ACHC
- Medical claims on medical benefit
- Direct contacts for escalations
- Nurse or pharmacist available to members by phone 24/7
- Pricing survey (OAAC) participation mandatory
- Delivery within 24 hours for:
 - » Dosage changes that cannot be addressed with current medication supplies
 - » Adverse effects requiring treatment changes
 - » Clinical decompensation requiring immediate treatment as determined by Gainwell or Plan Sponsor
- Adhere to ODM Specialty Policy and Gainwell UM strategies (Provider Manual)

Specialty Drug List methodology

- Developed jointly by PPAC and ODM
- Updated on a weekly basis
- The following are considerations when assigning “Specialty” status to a medication:
 - » Distribution strategy
 - » Extensive clinical considerations associated with dispensing the medication
 - » REMS Program requirements
 - » Cost of medication
 - » Access considerations for members (e.g. public health)
 - » Method of administration

Examples of Specialty Medications

- Actemra
- Cosentyx
- Dupixent
- Enbrel
- Gilenya
- Humira
- Ibrance
- Imbruvica
- Lynparza
- Ocrevus
- Otezla
- Pomalyst
- Revlimid
- Skyrizi
- Stelara
- Tagrisso
- Tecfidera
- Trikafta
- Xeljanz
- Xtandi

Examples of Public Health Drugs Not Considered Specialty

- Antivirals - HIV
 - » Biktarvy
 - » Genvoya
 - » Triumeq
- Antivirals - Hepatitis C Agents
 - » Mavyret
 - » Sofosbuvir-Velpatasvir (Epclusa)
- Medication Assisted Treatment of Opioid Addiction
 - » Sublocade

Ingredient Cost

Drug Type	Methodology
Brand and Generic – Non-Specialty	Lesser of <ul style="list-style-type: none"> • OAAC plus dispensing fee (DF) • National Average Drug Acquisition Cost (NADAC) plus DF • WAC plus DF • Submitted/Usual and Customary Charges (U&C)
Brand and Generic – Specialty	Lesser of <ul style="list-style-type: none"> • OAAC plus specialty DF • NADAC plus specialty DF • WAC plus specialty DF • Submitted/U&C
Clotting Factor	Lesser of <ul style="list-style-type: none"> • OAAC plus <u>clotting factor</u> dispense fee • Submitted/U&C
340B	Per Ohio Revised Code 5167.123 <ul style="list-style-type: none"> • NADAC plus DF • If no NADAC, WAC plus DF

Dispensing Fee Structure

- Dispensing Fees for all medications under the pharmacy benefit are determined at both the provider and medication level
- Specialty Pharmacies typically incur higher costs due to accreditation requirements, shipping/handling requirements, staff training, and more extensive patient counseling and regulatory requirements
- Standard Dispensing Fees/Base
 - » Based upon provider, 3 tiers in overall program
 - » Specialty Pharmacy providers, as defined by ODM, will be placed in Tier C (highest level)
- Specialty Medication Dispensing Fees
 - » For qualified providers dispensing specialty medications, an additional specialty dispensing fee component will be added to the base dispensing fee
- Clotting Factor Dispensing Fees
 - » For qualified providers dispensing clotting factor products, an additional clotting factor dispensing fee component will be added to the base dispensing fee

Submission of claims – Medical vs. Rx benefit

- Ohio Medicaid Managed Care Organizations maintain responsibility for Provider-Administered Pharmaceuticals
 - » Includes medications sent to providers through a “white bagging”, “brown bagging” or similar process
 - » Includes medications given in the home by a home health provider
 - » Network Specialty Pharmacies must have the capability to bill, via the medical benefit, the appropriate MCO for all provider-administered pharmaceuticals
 - » Network Pharmacies should not submit claims to SPBM for known provider-administered pharmaceuticals
- SPBM is responsible for the pharmacy benefit only
 - » Self-administered pharmaceuticals
- Exceptions:
 - » Medications provided in NF/ICF (Long-term Care)
 - » Hospice
 - » Pharmacist-Administered pharmaceuticals (can continue to bill via NCPDP Rx claim)

340B Considerations

- 340B Covered Entities are reimbursed for ingredient cost in accordance with Ohio Revised Code 5167.123
 - » No less than the national average drug acquisition cost (NADAC)
 - » If NADAC is not available, no less than wholesale acquisition cost (WAC)
 - » If both pricing metrics are not available – claim will be denied for manual pricing
- 340B Contract Pharmacies, if used, are reimbursed according to the standard “lesser-of-all” reimbursement logic for ingredient cost
- All pharmacy providers are reimbursed their standard dispensing fee, in addition to any specialty or clotting factor dispensing fees
- Providers must submit 340B claims-level identifiers, as detailed in the SPBM Provider Manual, for all claims where 340B stock was used, in accordance with NCPDP standards.
 - » Submission Clarification Code
 - » Basis of Cost Determination

PA process

- Example PA forms available at <https://pharmacy.medicaid.ohio.gov/prior-authorization>
- PA criteria will be available on Gainwell's website at <https://spbm.medicaid.ohio.gov>
- Prescribers may submit prior authorization requests to SPBM via:
 - » Phone
 - » Fax
 - » Online portal
 - » Mail
- Once submitted, Gainwell SPBM has 24 hours to respond
- If incomplete information is received, the prescriber will have up to 72 hours (from time of submission) to submit the requested information
- PA determinations will be made to the prescriber in the same manner as the request was received, with notification to member sent via mail
- Existing/currently active prior authorizations with expiration dates after 7/1/22 will continue to be honored through their stated end date

Member Journey

- Gainwell provides PDL information to SureScripts
 - » This populates most e-prescribing platforms to identify PA need
 - » Prescribers can initiate a PA before a member goes to a pharmacy based on this
- Sending PA info to Gainwell
 - » ePA customers will have their ePAs converted to faxes and sent to Gainwell
 - » Once a PA is decisioned, notification will be sent to the prescriber and member
- Identifying a pharmacy:
 - » Calling the Gainwell Help Desk
 - » Checking the Gainwell Pharmacy Directory online at <https://spbm.medicaid.ohio.gov>
- Pharmacy monitoring
 - » Specialty pharmacies required to provide RN or RPh by telephone 24/7/365

OAAC Program Overview

- OAAC is one of the pricing benchmarks planned to be included in the pharmacy reimbursement methodology to be implemented on **July 1, 2022** by the Single Pharmacy Benefit Manager (SPBM), Gainwell Technologies, for Ohio Medicaid managed care pharmacy claims.
- OAAC rates will be maintained by Myers and Stauffer LC who is serving as the Pharmacy Pricing and Audit Consultant (PPAC) to ODM.
- OAAC rates will be updated semi-annually via acquisition cost surveys which will occur in April and October of each year.
- The initial OAAC survey is currently being conducted in **April 2022** and will be used to establish the OAAC rates to be implemented on **July 1, 2022**.
- The initial **April 2022** survey will include all enrolled pharmacy providers.
- Subsequent surveys will include a representative sample of 1/4th of the enrolled pharmacy population.

OAAC Program Overview (Continued)

- OAAC rates will be monitored and adjusted on a weekly basis to reflect changes in published pricing that directly impact providers' acquisition costs (i.e., Wholesale Acquisition Cost (WAC)).
- In addition to weekly adjustments, Myers and Stauffer will operate a provider help desk that will be staffed between 8:00 AM to 8:00 PM, Eastern Time, Monday through Friday. Help desk staff are available to assist with questions regarding the OAAC survey process, general OAAC program questions and to allow providers to submit OAAC pricing inquiries for review after the July 1, 2022 implementation date.

OAAC Survey Process Overview

Survey Frequency: Semi-Annual every April and October

Survey Provider Population:

April 2022 – All enrolled pharmacy providers

October 2022 and forward – Representative sample of 1/4th of enrolled pharmacy providers

Survey Distribution:

Physical Letters – Mailed to providers’ mailing addresses on record with ODM.

Electronic – Emailed to providers’ contact email addresses on record with ODM.

Survey Provider Submission:

Electronic

Email - OHSurveys@mslc.com
Subject Line - *Ohio Pharmacy Survey*

Physical Mail

ATTN - *Ohio Pharmacy Survey*
Myers and Stauffer LC
800 East 96th Street, Suite 200
Indianapolis, IN 46240

Fax

ATTN – *Ohio Pharmacy Survey*
Number – *317.566.3203*

OAAC Survey Process Overview

April 2022 Survey

Copies of all invoices and purchase records for brand and generic drugs that were purchased through your wholesaler(s), drug manufacturers, or any other sources between March 1, 2022 and March 31, 2022. This request applies to all drug purchases including specialty drugs, clotting factor products and over-the-counter products. Please exclude 340B invoices.

Note: October surveys will request records for purchases made for the month of September.

Data Elements

Records must include the pharmacy's National Provider Identifier (NPI) and all of the following information for each drug purchase line item:

- National Drug Code (NDC) or “item number” to NDC crosswalk if other proprietary nomenclature is used.
- Purchase price of drug (ingredient cost only)
- Quantity purchased
- Date of purchase
- Invoice/purchase record source (e.g., wholesaler/manufacturer name)

NOTE: Electronic submission of data is preferred.

April 2022 OAAC Survey

Survey Timeline:

April 1, 2022 – Survey begins; initial survey letters and email notifications are sent.

April 15, 2022 – Reminder survey letters and email notifications are sent.

April 22, 2022 – Final survey email notifications are sent.

April 30, 2022 – **Final Deadline** for providers to submit purchase records.

May 1, 2022 – Myers and Stauffer begins OAAC rate calculations.

May 31, 2022 – Myers and Stauffer sends proposed OAAC rates to ODM for review.

June 24, 2022 – ODM provides approval of OAAC rates to Myers and Stauffer.

June 25, 2022 – Myers and Stauffer adjusts OAAC rates based on WAC changes prior to implementation.

June 27, 2022 – Myers and Stauffer transmits OAAC rates to Gainwell for July 1, 2022 implementation.

Survey Submission Deadline:

Providers must submit all purchase records to Myers and Stauffer by April 30, 2022. Providers who do not submit the requested information to Myers and Stauffer by this date will be considered to have not participated in the survey and will be reported to ODM.

Contact Us



Myers and Stauffer Help Desk

Phone: 800.591.1183

Survey Email: OHSurveys@mslc.com

Website: myersandstauffer.com/client-portal/ohio/

Next Steps

Upcoming Topics in SPBM / PPAC Stakeholder Meetings



**SPBM/PPAC Pricing
Discussion**

*Early May

Questions

ODM will post an FAQ document that addresses questions received to date, located on the ODM SPBM Managed Care website:

<https://managedcare.medicaid.ohio.gov/managed-care/single-pharmacy-benefit-manager/>

***The above FAQ document will be updated periodically to provide answers to questions received

Please direct additional questions to the ODM SPBM mailbox:

MedicaidSPBM@medicaid.ohio.gov



Next Generation: Provider Contracting Contact Information

Next Generation MCO Provider Relations Contact Information			
MCO	Phone Number	Web Address	Email
AmeriHealth Caritas Ohio, Inc.	1-833-296-2259	https://www.amerihealthcaritas.com/become-a-provider/join-now.aspx	ProviderRecruitmentOH@amerihealthcaritas.com
Anthem Blue Cross and Blue Shield	1-833-623-1513	https://www.anthem.com/provider/getting-started/	OHMedicaidProviderQuestions@Anthem.com
CareSource Ohio, Inc.	1-800-488-0134	https://www.caresource.com/oh/providers/education/become-caresource-provider/	Ohio_Provider_Contracting@caresource.com
Humana Healthy Horizons in Ohio	1-877-856-5707	https://www.humana.com/provider/medicaid-resources/ohio-medicaid	OHMedicaidProviderRelations@humana.com
Molina Healthcare of Ohio, Inc.	1-855-322-4079	www.molinahealthcare.com	OHContractRequests@MolinaHealthCare.com
UnitedHealthcare Community Plan of Ohio, Inc.	1-800-600-9007	https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-community-plan-home.html	N/A
Buckeye Community HealthPlan	1-866-246-4356 Ext – 24291	https://www.buckeyehealthplan.com/providers/become-a-provider.html	OHNegotiators@CENTENE.com
Aetna Better Health of Ohio (Ohio RISE)	1-855-364-0974	https://www.aetnabetterhealth.com/ohio/providers/join	OhioRISENetwork@AETNA.com