



Financial Directors Peer Group Meeting

April 28, 2023

Peer Group Members Present	<p>Mimi Trujillo, Carbon Medical Services Association</p> <p>Jeff Huyboom, Creek Valley Health Clinic</p> <p>Raeann Banks, Enterprise Valley Medical Center</p> <p>Cameron Willford, Green River Medical Center</p> <p>Sonja Levesque, Midtown CHC</p> <p>Andy Evans, Utah Navajo Health Systems</p>
AUCH Staff Present	<p>Courtney Pariera Dinkins, AUCH</p> <p>Kaitlynn Drollinger, AUCH</p> <p>Rachel Craig, AUCH</p>
Other Presenters Present	N/A
Top Issues / Best Practice Sharing (Roundtable)	<p>Medicaid Dental Claims</p> <ul style="list-style-type: none"> • Please see supporting documentation for more detailed notes • PRISM now can process FQHC dental claims and pay the PPS rate. <ul style="list-style-type: none"> ○ FQHC dental services billed to Fee for Service Medicaid on or after 4/3/2023 should be billed using the FQHC as the billing provider and not the group practice. ○ The system already knows whether an FQHC has chosen APM or PPS and will pay accordingly. <ul style="list-style-type: none"> ▪ APM facilities will still be paid billed charges. ○ A number of eligible codes still needed to be added to the system for the FQHC providers; Once that is done, Medicaid will reprocess the claims. Providers don't need to do anything currently. • Electronic Dental Claim Submission <ul style="list-style-type: none"> ○ If you are using Trizetto, or another system that cannot accommodate electronic dental submissions, PRISM offers 'Direct Entry Dental Claim Submission' and there is a training in PRISM (see supporting documentation for details on how to access). ○ UHIN can process Medicaid Dental Claims <i>Becky Farnsworth, Enrollment Specialist, Tier II</i> 385.800.2515 enrollment@uhin.org ○ Henry Schein can process Medicaid Dental Claims, but not recommended by a health center currently using. <p>Legislative Updates</p> <p>GSK announces 340B contract pharmacy restrictions for health centers: The world's tenth largest pharmaceutical company, announced last week that effective May 1:</p> <ul style="list-style-type: none"> • It is extending contract pharmacy restrictions to all grantees – including health centers – and to all its drugs. (Since April 2022, GSK has imposed restrictions only on hospitals, and only on a subset of its drugs.)

- In a **major escalation of contract pharmacy restrictions**, GSK has stated that:
 - If a health center has at least one in-house pharmacy, GSK will **not** ship 340B-priced drugs to **ANY** contract pharmacy locations.
 - If a health center has no in-house pharmacies, it may select a single contract pharmacy location to receive 340B-priced GSK drugs.

There is no option for Health Centers to submit data to ESP in exchange for shipments to multiple contract pharmacy locations.

Health center pharmacists are predicting that these new restrictions will be “painful” (or worse) for health centers. The biggest impact will likely be on inhalers (GSK manufactures many popular ones, including Advair, Breo, and Flovent). They also produce several HIV drugs, including oral ones and a new injection. Also, many health center patients were switched to GSK products to work around contract pharmacy restrictions previously imposed by Eli Lilly, Merck, Astra Zeneca, and other manufacturers.

NACHC and PhRMA announce new 340B coalition, ASAP 340B: Late last month, NACHC, the Pharmaceutical Research and Manufacturers of America (PhRMA), [and others](#) introduced a new coalition, [ASAP 340B](#), encouraging Congress to take immediate action on pressing 340B issues. While the coalition did not offer up any specific legislation, it presented 10 core “policy principles” that the new coalition believes are necessary to realign the program in the interest of “true safety net providers.” Of note, this policy principles include:

- Update the 340B patient definition with strong safeguards
- Update and strengthen 340B hospital eligibility requirements
- Create a neutral 340B claims data clearinghouse
- Establish enforceable rules and enhance federal administration and oversight of the 340B program
 - This specific principle states that these provisions would supersede state or local law pertaining to the 340B program

As expected, this new coalition was met with skepticism and criticism from many 340B covered entities, including hospitals, Ryan White Clinics, and hemophilia treatment centers.

PROTECT 340B Act will be reintroduced imminently: The PROTECT 340B Act – the national 340B anti-discrimination bill that gained [114 House cosponsors](#) during the last Congress – was re-introduced early last month. Note that:

- PROTECT 340B expands on – and does not supersede – 340B protection bills that have been passed in 23 states. For example, its

protections extend to Medicare Part C and D plans, which states cannot regulate.

- PROTECT 340B addresses only pick-pocketing and Medicaid claims data. ***It does not directly address other 340B threats --such as contract pharmacy restrictions.***
- During the last Congress, the original cosponsors were Rep. David McKinley (R-WV) and Rep. Abigail Spanberger (D-VA.) Rep. Spanberger will be an original cosponsor again this year, but as Rep. McKinley did not return to Congress this session, Rep. Dusty Johnson (R-SD) will be the new Republican cosponsor.
- Compared to last session's bill, the new version contains two technical changes:
 - Adds a ban on insurers and PBMs refusing to cover a drug because it was purchased under 340B.
 - Clarifies that the clearinghouse for Medicaid claims data may not require pharmacies to identify 340B drugs at the point-of-sale.
- It is our understanding that the bill's core provisions will be included in ASAP 340B's legislative proposal.

There are no advocacy or outreach requests related to the PROTECT 340B Act at this time, as some stakeholders are encouraging strengthening of this bill given the changes to the 340B landscape since the original bill was first introduced. This includes protections for contract pharmacies.

NEW- Updates to Coverage for COVID-19 Tests

What you need to know:

The COVID-19 Public Health Emergency is to end on May 11, 2023. The ending of the Public Health Emergency may impact an individual's coverage of COVID-19 tests. We encourage you to know these changes and share the New Consumer Fact Sheet on COVID-19 tests.

Consumer Fact Sheets:

- English - <https://www.cms.gov/files/document/covid-over-counter-test-coverage.pdf>
- Spanish - <https://www.cms.gov/files/document/covid-over-counter-test-coverage-spanish.pdf>

What to tell consumers:

Before May 11, 2023

If you have any type of health insurance, you can get up to eight over-the-counter tests per month with no out-of-pocket costs. Over-the-counter tests are available in most pharmacies and may also be available online for delivery.

	<p>After May 11, 2023</p> <p>Laboratory tests for COVID-19 that are ordered by your provider will still be covered with no out-of-pocket costs for people with Medicare. Over-the-counter tests will still be available, but there may be out-of-pocket costs. Coverage of over-the-counter tests may vary by your insurance type, as described below.</p> <p>What does this mean for Medicare Beneficiaries?</p> <p>Generally, Medicare doesn't cover or pay for over-the counter products. The demonstration that has allowed us to offer coverage for COVID-19 over-the-counter tests at no cost ends on May 11, 2023.</p> <p>However, if you are enrolled in Medicare Part B, you will continue to have coverage with no out-of-pocket costs for appropriate laboratory-based COVID-19 PCR and antigen tests, when a provider orders them (such as drive-through PCR and antigen testing or testing in a provider's office).</p> <p>If you are enrolled in a Medicare Advantage plan, you may have more access to tests depending on your benefits. Check with your plan.</p> <p>What does this mean for people with Medicaid or Children's Health Insurance Program?</p> <p>If you have coverage through Medicaid or the Children's Health Insurance Program, you will have access to COVID-19 over-the-counter and laboratory testing through September 30, 2024. After that date, coverage of testing may vary by state.</p> <p>What does this mean for people with Private Insurance?</p> <p>If you have private insurance, coverage will vary depending on your health plan. However, private plans won't be required by federal law to cover over-the counter and laboratory-based COVID-19 tests after May 11, 2023.</p>
Next Meeting	VIRTUAL, May 26 th at 10am to 11am

Please let us know how we are doing!
<https://survey.sogolytics.com/r/HZ0Sqe>