Pharmacy Access Office Hours

January 16, 2020

Focus Topic:
Direct Relief – How They Support Health Centers

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Webinar Logistics

We strongly recommend calling in on your telephone.

**Phone**: 866-469-3239

**Access Code**: 632 274 023 #

**Your Attendee ID**: Listed below the access code in the box under “Select Audio Connection”.

To ask/answer a question, or share a comment, please use the Chat box on the right hand side of the screen.

You can download these slides on Noddlepod, & from NACHC’s 340B/ Rx webpage:

http://www.nachc.org/focus-areas/policy-matters/340b/

Or go to NACHC.org and search 340B.
• Operational Updates
• **Focus Topic** – Direct Relief, and how they support health centers
• **Q&A** – PBMs requiring use of “20” modifier & reporting Actual Acquisition Cost
• And Comment Box discussions throughout…
OPERATIONAL UPDATES

Colleen Meiman
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Environmental Scan

• Legislation
  • Congressional debate over drug pricing pushed to this spring. *(Will likely factor into discussion of continued funding for “health extenders” like 330, NHSC, THCs.)*
  • Lots of state action expected.

• Industry:
  • Between Jan 1 & Jan 3, drug companies increased the prices of 445 products by a median of 5%.
  • Eli Lilly will cut list price of two insulin products (new versions of Humalog Junior KwikPen and Humalog Mix75/25) by 50% by mid-April.
Compliance & Integrity

• BPHC has given clear guidance that (typical) contract pharmacies should be listed on Column 2 in Form 5A.

• Walgreens manufacturer repayment -- Barbara Bungy from Phila. FIGHT working on format for letter to manufacturers – will post on Noddlepod and NACHC webpage.

• BPHC sliding fee rules apply to the service part of the Rx price that a FQHC charges to patients – not to the service-related fees that a contract pharmacy charges to the FQHCs.
  • Was required by the HHS Inspector General

Makes clear that the Medicaid Exclusion File -- and the need for a 3-way agreement between FQHC, Medicaid & contract pharmacy in order dispense 340B Rx in that pharmacy -- apply only to FFS.

Says “best practice” is for each Medicaid managed care plan and its PBM(s) to use a BIN/PCN combination that is unique to its Medicaid business.

Says that states can require carve-out of contract pharmacies and/or FQHCs – unclear if applies only to FFS.
340B Recertification is Coming!

- Every year, health centers are required to “recertify” their 340B participation.
  - Recertifying entails attesting to the accuracy of your info on OPAIS, and your compliance with all 340B rules.
- The window to recertify in 2020 is January 27 – February 24.
- This is a “can’t miss” activity!
Why is Recertification So important?

• If you don’t recertify, you’ll lose 340B eligibility for at least 3 months.

• Recertification involves attesting to your health center’s compliance with all 340B requirements. You will be held accountable for any non-compliance that may occur.

• Ideally, it should serve as a triggering event for an annual review of your health center’s entire 340B program, including P&Ps, info on OPAIS, and reporting mechanisms.
• Watch your email closely for messages from HRSA.
  • If you’re not getting them, check who is your Authorizing Official on OPAIS.

• HRSA is hosting a webinar on recertification on January 22, 2020 from 1-2pm ET.


• The section of the NACHC 340B Manual re: recertification is posted on the NACHC webpage.

• Contact Apexus.
Future Learning Opportunities

• **February 10-12:** 340B Coalition Conference in San Diego – features **four** sessions specifically for FQHCs.

• **February 20 Office Hours:** Highlights from the FQHC sessions at the 340B Coalition Conference

• **Sunday March 15:** 340B University* specifically for FQHCs in Washington DC (right before P&I.) *Free, but please pre-register.*

• **No Office Hours in March.**

* a foundational education program designed to meet the practical needs of 340B providers. Topics include statutory ceiling price calculations, fundamentals in implementing a compliant pharmacy program, and hands-on training with tools and resources available to assist with program integrity.
Speaking of Apexus…

• They were just re-awarded the contract to continue as PVP.

• They are looking for a FQHC expert.
  • The job posting is on Noodlepod,
  • or email chad.johnson@apexus.org
https://www.surveymonkey.com/r/HWMVTQT

(Your responses help us demonstrate to BPHC that these sessions are a valuable use of their funding.)
Focus Topic

Direct Relief – How They Support Health Centers

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Direct Relief
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Since 1948, nonsectarian, apolitical, and privately funded Humanitarian health mission—to help people in need and at-risk access care and realize their inherent potential.
Partnerships

1,400 provider entities through:

Since 2005, work with about 80 percent of NACHC’s membership

Nearly half of all free and charitable clinics and VIM members
Healthcare Donors

- Product donations from 120+ global pharmaceutical and medical companies
- Both ad hoc offers as well as structured initiatives around specific health issues, both medicine/supplies and cash
- Dynamic inventory – RX and OTC products
- Signature donors include AbbVie, Baxter, BD, Johnson & Johnson, Eli Lilly, Pfizer, Teva, among others
- Strong interest in NCDs and engagement opportunities
Logistics

FedEx®

Technology:

SAP®
esri

Qlik®

Microsoft
California Distribution Center

- 155,000 sq. ft. facility (10K pallet spaces)
- 2,800 sq. ft. cold-chain room (300 pallet spaces)
- 21,000 shipments of donations last year
- 5 million lbs. of product provided
- All 50 US States and 100 countries
Unique Accreditation Among Nonprofits

• Verified-Accredited Wholesaler Distributor (VAWD) from the National Association of Boards of Pharmacy—highest commercial standard

• 50 state licensing for Rx distribution

• FDA Wholesale Drug Distributor Registration

• Compliant with Federal Drug Supply Chain Security Act

• 50 audits by major manufacturers and regulatory agencies in seven years
Supporting the Safety Net

Ongoing support from 120+ donors allows ongoing donations to increase access to medicines and over-the-counter items for uninsured patients:

- Receive access to medicines, supplies, over-the-counter items, personal care and hygiene items through online order
- No fees whatsoever – shipping is free of charge
- More than a 1,500 shipments of medicine and supplies shipped monthly
- Returns process in place, free of charge
- Periodic surveys to assess the need for potential products or programs
Replenishment

30 percent of patients do not take their medicines due to cost; this approach allows companies to reach PAP patients more efficiently:

- A single process for enrollment, verification, ordering (across all 50 states and regardless of product)
- Five manufacturers’ products arrive in a single shipment (bulk IPAP)
- Medicine is dispensed at the time of visit, increasing adherence
- Third-party independent onsite audit that Direct Relief oversees
- Company support: J&J, Novartis, AbbVie, Eli Lilly, and Medicines360
- 80+ NDCs offered, four insulins
The Opioid Epidemic

Increasing access to life saving medicines for at-risk patients:

- Partnership with Pfizer to donate 1 million doses of Naloxone
- Include needles, syringes, and alcohol prep swabs with shipments, donated by BD, to make kits for patients
- To date, more than 600,000 doses distributed to 48 states and territories
- More than 10,000 reversals (estimate, self-reported by respondents)
- Exploring other opportunities for product donations and funding
Emergency Preparedness and Response

• **Preparedness before an emergency**
  - Pre-positioned Hurricane Preparedness Packs in vulnerable communities
  - Emergency medical backpacks

• **Immediate and short-term response**
  - Emergency health kits
  - Shipments of specifically requested medical aid to support relief efforts
  - Disaster-related inventory includes insulin, tetanus vaccines, hygiene kits, N-95 masks, inhalers, and diabetes supplies
  - Short- and long-term emergency operating funding to cover recovery and resiliency efforts
    - Emergency Operating Funds
    - Disaster Preparedness and Training
    - Facilities and Equipment
    - Communications
    - Behavioral Health/Substance Abuse
Community Health Awards

Investing private funds in community health:

• Grant and award programs to bolster the safety-net and promote innovative approaches in community health

• Identify, elevate, and leverage unique ways of reaching patients with complex conditions

• Focus on a specific disease state or geographic area
  • Medication Therapy Management
  • Diabetes and Nutrition
  • Multiple Chronic Conditions

• Shared learnings through health summits and conference presentations
  • NACHC
  • American Public Health Association
  • Chamber of Commerce
Eligibility

• 501(c)3 nonprofit health facility or public health department

• Provide care to a medically underserved population

• Comply with all State Board of Pharmacy regulations in storing and dispensing medications

• Have a Medical Director with valid state license

• Dispense donated products at no-cost to patients within the United States and U.S. territories
General Q&A

Reminder: Qs submitted in advance get priority.
PBMs, the 20 modifier, and AAC

A PBM has recently starting requiring 340B pharmacies to both:
- Include the “20” modifier on claims
- Report Actual Acquisition Cost

Q: Are PBMs allowed to impose these requirements? What does it mean? How should health centers respond?

Responder: Tim Mallett, NACHC Rx Consultant
Other Questions?
Please do the 1-minute evaluation

https://www.surveymonkey.com/r/HWMVTQT

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