COMMUNITY ONCOLOGY PHARMACY ASSOCIATION

Practice Analytics Benchmarking and PBM Issues and Tools

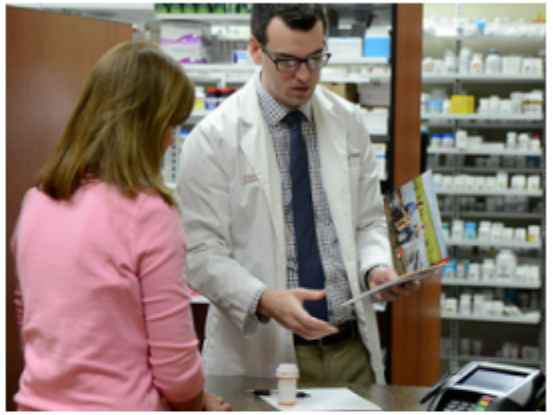
Ricky Newton, CPA
Treasurer and Director of Financial Services and Operations
Community Oncology Alliance
Administrator
Cancer Specialists of Tidewater, Ltd.
June 15, 2018

Innovating and Advocating for Community Cancer Care

COMMUNITY ONCOLOGY ALLIANCE

Patient PBM/Specialty Pharmacy Experiences

PLEASE HELP US DOCUMENT PATIENT PBM EXPERIENCES



We are collecting patient and practice experiences around the difficulties encountered when trying to get oral prescriptions filled by specialty, mail order or other retail outlets, outside of physician retail and dispensing pharmacies. If you are aware of patients encountering delays in receiving their treatments; having their prescribed treatments changed; extensive waste; disrespect or rudeness from customer support; lack of financial support through foundations or other patient assistance because it is not being sought by these pharmacies; or any other issues that have had a negative impact, please submit your story below.

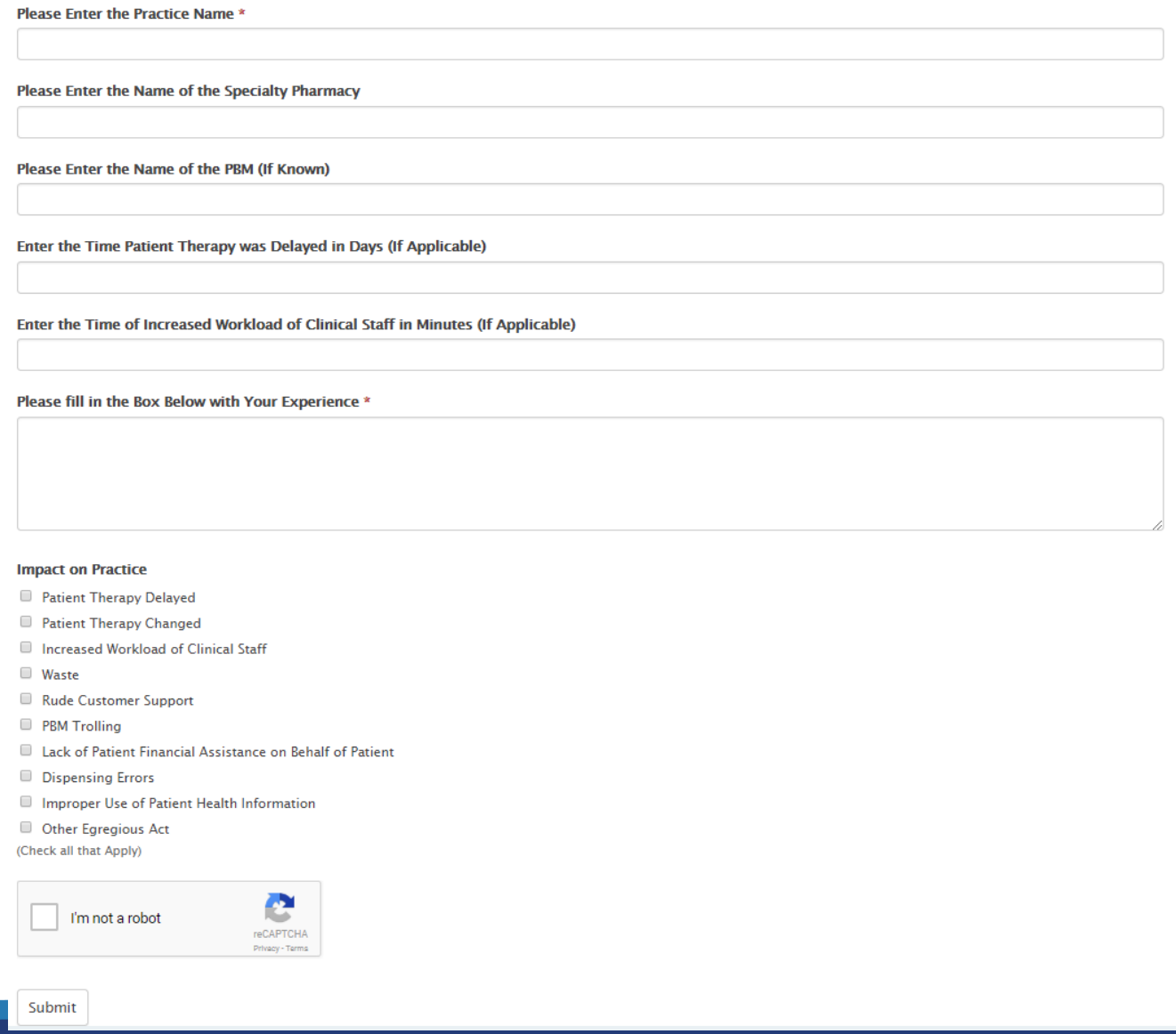
These are extremely critical and are used to help educate our members of Congress, as well as payers and related parties that impact how patients receive their care. COA does not share any patient specific data or practice names without the permission of the patient or the practice. Three of our Patient PBM Horror Stories papers are shown here as examples of issues that patients have encountered trying to get their oral drugs filled by pharmacies and PBMs.

- The Real-Life Patient Impact of Pharmacy Benefit Managers – Vol. I
- Real Horror Stories of How PBMs Hurt Patient Care – Vol. II
- Pharmacy Benefit Manager Horror Stories – Vol. III

Please participate by filling in all the applicable fields below and submit the experience for our database so that we may continue to fight this battle on behalf of our patients. These stories support our fight by showing how patient care administered at the site-of-care, is improved when patients are allowed to get their drugs dispensed within practice pharmacies. Alleviating the problems described in these stories, leads to better patient adherence; time to fill; lower costs to patients and the health care system; less waste and overall greater patient satisfaction.

Patient PBM/Specialty Pharmacy Experiences

- You can now have anyone in your practice enter patient experiences right on the website
- If not on website please continue to email stories from patients and practice to rnewton@coacancer.org
- Stories used by Ted on hill and with the media
- Concerns over Secretary Alex Azar's comments on May 14th
  - Moving drugs from Part B to D
  - Initiation of CAP program
  - Having PBM's manage drug purchasing
- Ted needs stories right now to express the concerns related to comments from administration above



Please Enter the Practice Name *

Please Enter the Name of the Specialty Pharmacy

Please Enter the Name of the PBM (If Known)

Enter the Time Patient Therapy was Delayed in Days (If Applicable)

Enter the Time of Increased Workload of Clinical Staff in Minutes (If Applicable)

Please fill in the Box Below with Your Experience *

Impact on Practice

- Patient Therapy Delayed
- Patient Therapy Changed
- Increased Workload of Clinical Staff
- Waste
- Rude Customer Support
- PBM Trolling
- Lack of Patient Financial Assistance on Behalf of Patient
- Dispensing Errors
- Improper Use of Patient Health Information
- Other Egregious Act

(Check all that Apply)

I'm not a robot reCAPTCHA Privacy - Terms

Submit

Tools to Fight against PBM abuses

- Please let Ricky know if you are utilized any of the tools for the following so he can keep Frier Levitt aware for next steps
  - PBM Trolling (Free Letter)
  - PBM Egregious Acts(Free Letter)
  - Exclusion from participating in commercial plans ($500 Frier Levitt)
  - Only being allowed to dispense the initial scripts ($500 Frier Levitt)

States with Any Willing Provider Laws

- Alabama
- Arkansas
- Colorado
- Connecticut
- Delaware
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Mississippi
- Missouri
- Montana
- Nebraska
- New Hampshire
- North Dakota
- North Dakota
- Oklahoma
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Wisconsin
- Wyoming

Additional Tools to Fight against PBM abuses

- Medicare Part D patient complaints
  - Mandatory use of the PBM-owned specialty pharmacy
  - Dispensing errors
  - Rude customer service
  - Conflicting information given to patients regarding benefits and coverage
  - Improper access and use of PHI
  - Any other not identified above
- Complaint letter that patient can fill out that impacts PBM star rating

6. Unfortunately, more and more practices report to us every day what can be characterized as nothing other than "horror stories" involving Medicare Part D patients seeking to deal with their Part D Prescription Drug Plan or the Pharmacy Benefits Manager (PBM) selected by the Plan Sponsor. This has included improper denial of access to providers of the patient's choice, delay in delivery of needed medication by the PBM-owned pharmacy, mandatory use of the PBM-owned mail order pharmacy, dispensing errors, rude customer service, conflicting information being given to patients regarding benefits and coverage, and even improper access and use of patient personal health information (PHI).

As Medicare Part D consumers, these patients have statutory rights to have grievances with their health plan and/or PBM. There are several options available to patients wishing to raise grievances. Importantly, member complaints and grievances directly impact Plans' ratings under the Medicare Star Rating System. Because of the financial incentives to maintain high Star Ratings, often times, Plans and PBMs are highly motivated to swiftly addressing patient complaints to avoid an impact on their overall Star Rating.

Community oncology practices can play a lawful part in educating their patients about their rights under the Medicare Part D Program. Plans and program administrators cannot improve problems they don't know about. To that end, COPA has provided helpful resources and guides for practices to provide to their Medicare Part D patients. Specifically, practices can download and provide to patients a sample complaint form as well as the instructions on the process. These materials will help educate patients on their rights, and provide guidance on how to assert those rights, if they so choose.

In disseminating this material to patients, it is important that community oncology practices follow certain simple rules to ensure compliance with the Medicare Part D program.

- Communications with patients should be limited to informing patients of their rights and tools available to them.
- Practices must not to disparage any particular Part D Plan and/or PBM.
- Practices must not encourage patients to switch their Part D Plan and/or PBM.

Medicare Part D Plan Patient Complaint Form – Download Here

Provider Guide to Medicare Part D Patient Complaints – Download Here

Medicare Part D Patient Complaint Letter and Provider Guide to Medicare Part D Patient Complaints

Medicare Part D Plan Complaint Form

Your Name: _____

Your Address: _____
Your City, State, Zip Code: _____

Date: _____

Grievance Department
Health Plan Name: _____
Street Address: _____
City, State, Zip Code

_____

Policy Number: _____
Member/Employee Name: _____

Dear Sir or Madam:

The purpose of this letter is to inform you of my problem with _____

[Go into detail about the problem you are having].

My complaint involves_____ [give the reason for your complaint]. I would like _____ [detail the specific action you want the Plan Sponsor to take].

I look forward to your reply and a timely resolution of my complaint.

Sincerely,

_____

Your Name

Enclosures [Include copies of all related records, but not send originals.]

cc: Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Attn: Member Complaints

Got a Medicare Part D Complaint?

As a Medicare Part D consumer, you have a statutory right to have grievances with your health plan as described in 42 CFR § 423.564. There are several options available to you ranging from complaints about customer service dissatisfaction over customer service hours for your plan or access to specialists. These are just a couple examples of grievance types, but there are many more. If you have a complaint or dispute, other than one that involves a coverage determination, you have a right to express your frustration with any aspect of the processes, performances, or personal of a Part D plan sponsor. Program administrators cannot improve problems they don't know about.

What You Need to Know

Every Part D Sponsor and PBM is rated by the Center for Medicare and Medicaid Services ("CMS") and given an overall Star Rating depending on the plan's quality and performance. Your patient feedback and complaints shape a Plan or PBM's Star Rating. Additionally, the Star Ratings inform beneficiaries about the performance of health and drug plans on the Medicare Plan Finder (MPF) website, as well as play a part in determining the Quality Bonus Payments (QBPs) for MA organizations. CMS strives to improve Part D quality and performance measurement system and focuses it on beneficiary results and experience, population health, and health care efficiency. The overall goal of the Star Ratings system is to not only influence beneficiaries' plan choices but also drive organizations and sponsors toward higher quality and more efficient care.

Every Part D plan sponsor must provide "meaningful procedures for timely hearing and resolving grievances"[1] between you and the Part D plan sponsor or any other entity, for example the plan's Pharmacy Benefit Manager ("PBM") through which the Part D plan sponsor provides covered benefits.[2]

[1] Chapter 18 of the Prescription Drug Benefit Plan Manual
[2] Please note coverage determinations are not concerned a grievance as defined here but instead are appealable issues and are handled under appeal procedures as defined in § 423.566(b). You may file a grievance with the Part D plan sponsor, file a written complaint with the Quality Improvement Organization (QIO), or both for quality of care issues. If you file with the QIO, Under section 1154(a)(14), your complaint must be responded to in writing.

Frier Levitt Letter to Prime Therapeutics

1305 Corporate Center Drive
Eagan, MN 55121

Re: **Community Oncology Alliance – Demand Notice**

Dear Ms. Schommer:

Frier Levitt is counsel to the Community Oncology Alliance ("COA"). We are writing on behalf of COA and the community oncology providers it represents nationwide in an attempt to advocate our goal of having Prime Therapeutics LLC ("Prime") admit *all* physician dispensers into Prime's networks.

BACKGROUND ON DENIAL OF ACCESS TO DISPENSING PHYSICIANS

COA has been made aware of a January 29, 2018 communication from Prime Therapeutics' Pharmacy Network Management to its valued network providers. The subject title of this January 29, 2018 email was titled "2018 PSAO add requirement change." The text at issue states as follows:

Dear Valued Provider

Starting January 29, 2018, Prime Therapeutics ("Prime") will no longer be accepting PSAO additions with a pharmacy type of Dispensing Physician. Prime is no longer seeking new pharmacies with this dispensing classification. This change will be effective for the PSAO addition week beginning on ***January 29, 2018.***

Prime Therapeutics Continued

CONCLUSION

In short, Prime's positions are unsupportable. Prime is obligated under numerous Federal laws to admit practices in who have applied or want to apply. Despite these overarching legal principles, Prime continues to block network access to duly-qualified practices, and stands to benefit financially from this restricted network. These actions, if not stopped, run the risk of causing patient harm to the extent these highly trained oncology practitioners are unable to provide the complete panoply of care to their senior cancer patients. Physician dispensing is a vital part of the cancer care continuum, especially as cancer treatment shifts from physician-administered chemotherapy to oral oncolytics.

We are asking Prime to provide meaningful opportunity for enrollment of additional dispensing oncology and urology practices in Prime's Medicare Part D pharmacy networks (in addition to the PBM's other applicable networks), on the same terms and conditions applicable to those other participating physician dispensers. Prime cannot flatly refuse to accept otherwise qualified dispensing physicians and physician owned pharmacies into the Prime networks (particularly while it already expressly allows other dispensing physicians in as participating providers, in line with CMS guidance). This is in accordance with the true import of applicable law and CMS regulation, as well as the custom and practice of Prime for several years.

COA remains optimistic that Prime will reverse its January 29, 2018 decision and will resume the enrollment process for non-grandfathered dispensing physicians into Prime's network immediately. COA is willing to discuss this issue with Prime in order to come to an amicable solution.

cc: Hon. Alex Azar, Secretary of Health and Human Services
Seema Verma, Administrator, Centers for Medicare & Medicaid Services
Liz Richter, Deputy Center Director, Centers for Medicare & Medicaid Services
Cynthia Tudor, Ph.D., Deputy Center Director, Centers for Medicare & Medicaid Services
Larry Bonander, Deputy Director, Centers for Medicare & Medicaid Services
Daniel R. Levinson, Inspector General, Office of Inspector General
Hon. Kevin Brady, Chair House Committee on Ways and Means
Hon. Greg Walden, Chair House Committee on Energy and Commerce
Hon. Orrin Hatch, Chair Senate Committee on Finance
Hon. Lamar Alexander, Chair Senate Committee on Health, Education, Labor & Pensions
Jeff Vacirca, M.D., President, Community Oncology Alliance
Ted Okon, MBA, Executive Director, Community Oncology Alliance
Community Oncology Alliance Board of Directors
COA Oncology Pharmacy Association Board of Directors

Frier Levitt Letter to MedImpact

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

Re: **Community Oncology Alliance – Demand Notice**

Dear Ms. Radtke:

Frier Levitt is counsel to the Community Oncology Alliance ("COA"). We are writing on behalf of COA and the community oncology providers it represents nationwide in an attempt to advocate our goal of having MedImpact Healthcare Systems Inc. ("MedImpact") admit *all* physician dispensers into MedImpact's networks.

BACKGROUND ON DENIAL OF ACCESS TO DISPENSING PHYSICIANS

COA has been made aware of recent communications from MedImpact's Pharmacy Credentialing Department, including an October 6, 2017 communication via fax addressed to a dispensing physician practice located in Virginia (that was copied to the practice's PSAO), relating to "requests to participate in MedImpact's Retail Networks." The communications state essentially as follows:

> *Dear Pharmacy Owner/Manager:*
> *MedImpact has concluded the review of your request to participate in MedImpact's network through your PSAO. This letter is to inform you that your request has been denied. The agreement between MedImpact and your PSAO is limited to MedImpact's retail pharmacy network. In order to qualify for participation in the retail network, a pharmacy requesting to join must operate as retail, storefront location that accepts walk-in customers. After careful consideration, MedImpact has determined that your pharmacy does not meet the minimum retail credentialing standards required for inclusion in the retail network.*
>
> *Should you wish to be considered for participation in a non-retail network, your pharmacy (or your PSAO on behalf of your pharmacy) must agree to terms and conditions that are applicable to such non-retail network by executing an addendum for your pharmacy type.*
>
> *We thank you for your interest in joining the MedImpact network.*

H.R. 5958 "The Phair Pricing Act of 2018"

Community Oncology Alliance Supports Bipartisan "Phair Pricing" PBM Reform Act

Ensuring Patients Receive All Negotiated Discounts and Rebates at Point-of-Sale is Important Step to Reforming Broken Drug Pricing System

Washington, DC – May 25, 2018 – The Community Oncology Alliance (COA) strongly supports H.R. 5958, the "The Phair Pricing Act of 2018" introduced today by Representatives Doug Collins (R-Ga.) and Vicente Gonzalez (D-Texas). This bipartisan bill will ensure that the savings that pharmacy benefit managers (PBMs) negotiate are passed along to patients at the point-of-sale.

Under Medicare Part D, PBMs negotiate discounts and rebates to drug list prices with pharmaceutical manufacturers on behalf of insurance companies, employers, and the government. However, because of the convoluted and opaque nature of PBM contracts, these savings are often not passed on to lower the price of prescriptions for patients but instead serve to increase PBM profit margins. The result is that patients are stuck paying the full, inflated list price on medications, even though their health plan has received discounts and never paid that list price.

"This legislation ensures that the savings PBMs negotiate are passed along to patients at the pharmacy counter and not pocketed by these middlemen corporations. PBMs have been secretly reaping the benefits of discounts and rebates at the expense of cancer patients for too long. We strongly support Representatives Collins and Welch for helping reform this convoluted system so that it helps patients, not middlemen corporate profits," said Ted Okon, executive director of COA.

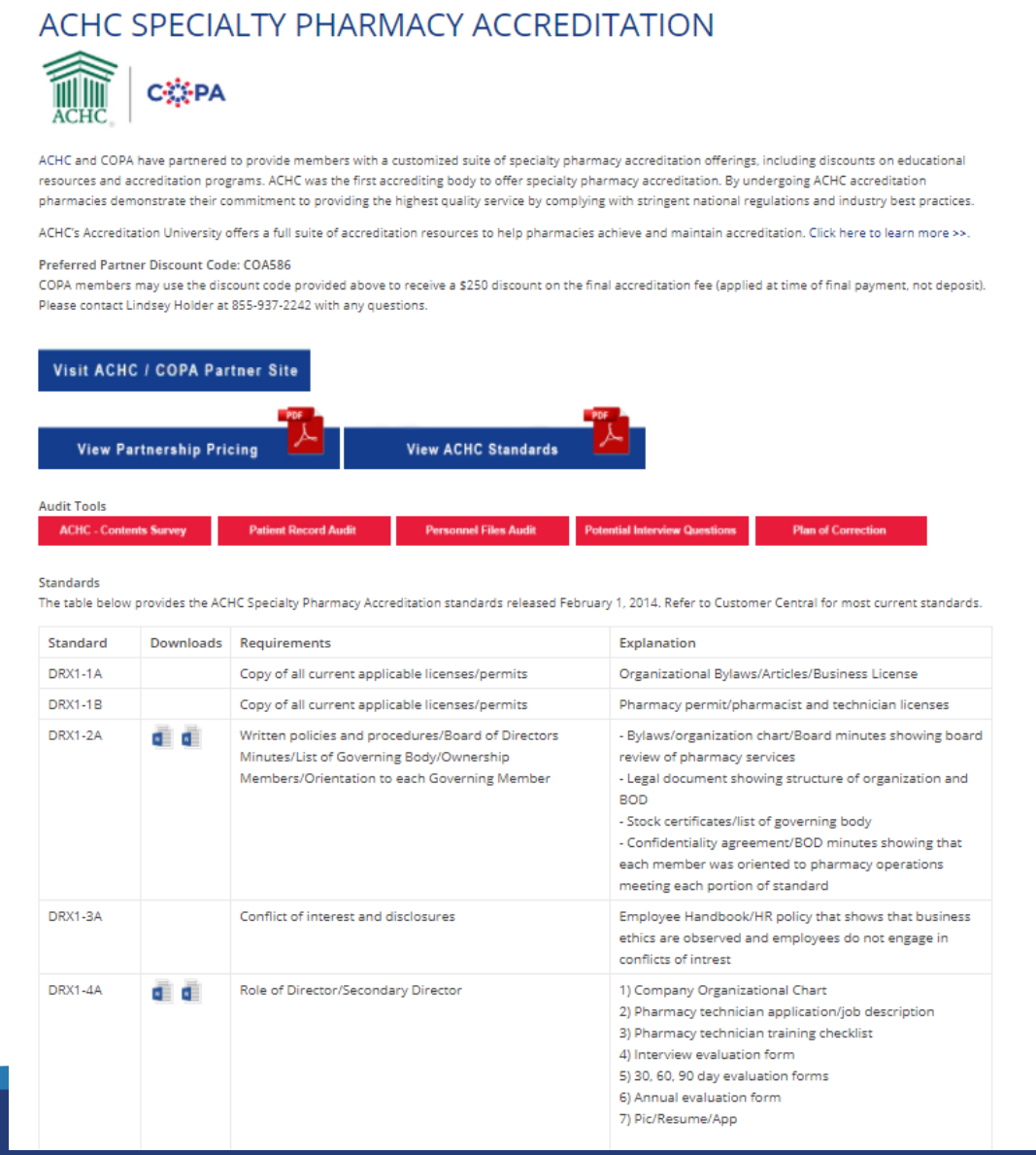
"Patients who face high deductibles and prescription drug costs should be receiving the benefit of all the discounts and rebates that PBMs negotiate, supposedly on their behalf," said Steven L. D'Amato, RPh, BSPharm, executive director of New England Cancer Specialists. "This legislation is an important step in the right direction to finally reforming a system that too-often benefits PBM middlemen and not the patients."

Community oncologists have been sounding the alarm on PBM abuses in recent years. Hired by insurance companies, employers, and the government to manage drug benefits, PBMs have the power to negotiate drug costs, determine which drugs will be included on plan formularies and control how those drugs are dispensed. PBMs claim to be working to lower drug costs, but year after year, patients continue to pay more, as documented by the rising gap between list prices of drugs and true, net prices realized by PBMs.

Additionally, PBMs often perversely make more money by delaying or denying patients' access to necessary medications. COA has documented real-life patient horror stories from practices and physicians about patients battling cancer who have suffered at the hands of PBMs due to delayed coverage decisions, denial of coverage, arguments with physicians over proper treatment, and failure to receive medications in a timely manner.

New ACHC Tools & Updates with Updated Specialty Standards

- Copy of new ACHC Specialty standards are also on COPA website
- New policies and procedures added for new standards
- Many standards merged with existing ones or were deleted
- All the website tools have been updated included the audit tools
- COPA board members available to help
- 12 COPA practices accredited and 11 in the process



ACHC SPECIALTY PHARMACY ACCREDITATION

ACHC and COPA have partnered to provide members with a customized suite of specialty pharmacy accreditation offerings, including discounts on educational resources and accreditation programs. ACHC was the first accrediting body to offer specialty pharmacy accreditation. By undergoing ACHC accreditation pharmacies demonstrate their commitment to providing the highest quality service by complying with stringent national regulations and industry best practices.

ACHC's Accreditation University offers a full suite of accreditation resources to help pharmacies achieve and maintain accreditation. Click here to learn more >>.

Preferred Partner Discount Code: COA586
COPA members may use the discount code provided above to receive a $250 discount on the final accreditation fee (applied at time of final payment, not deposit).
Please contact Lindsey Holder at 855-937-2242 with any questions.

Visit ACHC / COPA Partner Site

View Partnership Pricing | View ACHC Standards

Audit Tools

ACHC - Contents Survey | Patient Record Audit | Personnel Files Audit | Potential Interview Questions | Plan of Correction

Standards

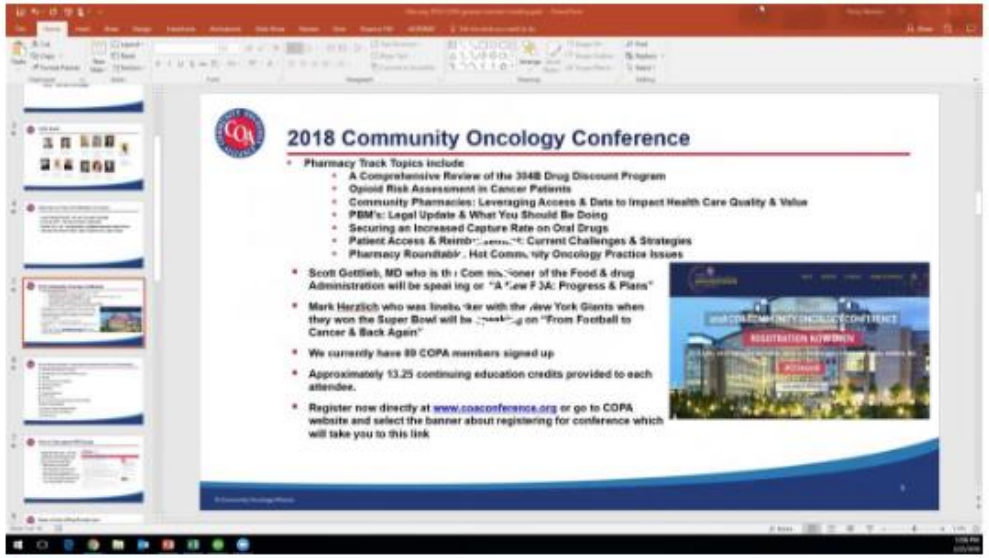
The table below provides the ACHC Specialty Pharmacy Accreditation standards released February 1, 2014. Refer to Customer Central for most current standards.

Standard	Downloads	Requirements	Explanation
DRX1-1A		Copy of all current applicable licenses/permits	Organizational Bylaws/Articles/Business License
DRX1-1B		Copy of all current applicable licenses/permits	Pharmacy permit/pharmacist and technician licenses
DRX1-2A		Written policies and procedures/Board of Directors Minutes/List of Governing Body/Ownership Members/Orientation to each Governing Member	- Bylaws/organization chart/Board minutes showing board review of pharmacy services - Legal document showing structure of organization and BOD - Stock certificates/list of governing body - Confidentiality agreement/BOD minutes showing that each member was oriented to pharmacy operations meeting each portion of standard
DRX1-3A		Conflict of interest and disclosures	Employee Handbook/HR policy that shows that business ethics are observed and employees do not engage in conflicts of intrest
DRX1-4A		Role of Director/Secondary Director	1) Company Organizational Chart 2) Pharmacy technician application/job description 3) Pharmacy technician training checklist 4) Interview evaluation form 5) 30, 60, 90 day evaluation forms 6) Annual evaluation form 7) Pic/Resume/App

Recorded Monthly Member Calls on Website

CALLS & DISCUSSIONS

Download Slide Deck for Implementation Strategies for USP Chapter <800> by Clicking HERE.



COPA Monthly Call - February 2018
COPA Monthly Call - February 2018

COPA Monthly Call - January 2018
COPA Monthly Call - January 2018

COPA Monthly Call - December 2017
COPA Monthly Call - December 2017

News

Latest News

What New Jersey's drug plan do-over says about the industry

May 17, 2018

Last year, New Jersey awarded pharmacy benefit manager OptumRx a $6.7 billion contract to oversee prescription drug benefits for the

Senate HELP Panel Explores More Clarity for 340B Drug Program

May 16, 2018

Archived News

Archived News

Will CMS Pop the Gross-to-Net Bubble in Medicare Part D With Point-of-Sale Rebates?

November 21, 2017

Last week, the Centers for Medicare & Medicaid Services (CMS) released its 713-page proposed policy changes and updates for the

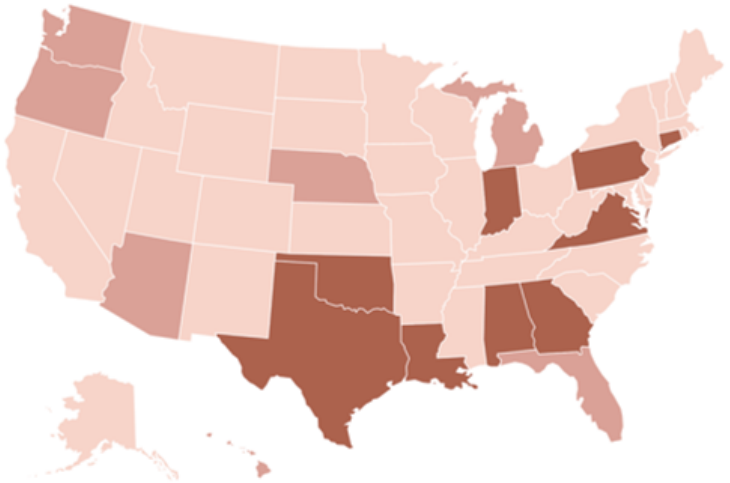
Lewis Carroll and the Pricing of Pharmaceuticals

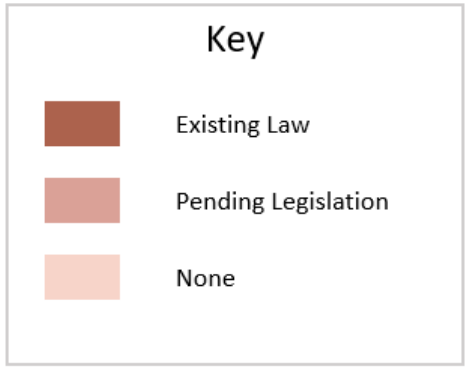
September 21, 2017

Coming Attractions –State Laws including USP 797 & 800

Any Willing Provider Laws

- Any Willing Provider Laws
- DIR Fees
- PBM Licensure Requirements
- Fair Audit Laws
- MAC Appeal Laws
- Prompt Pay Laws





ANY WILLING PROVIDER LAWS

Any Willing Provider ("AWP") had two major policy high seasons. First, with the increased reliance on HMOs in the 1990s AWP was used primarily for physicians and chiropractors. Pharmacists started to try and apply these statutes to the profession from 2005-2009 but then the trend went dormant again. The issue with AWP in the policy setting is whether these laws apply to pharmacists. Many of these laws have not been tested yet and provide an opportunity to use lobbying to finally set the record straight in many state legislatures by expressly writing that these laws apply to pharmacists and/or physician dispensing.

One interesting thing to note is that the topic of AWP has moved in the policy setting to anti mandatory mail order ("AMMO"). The first AMMO bill was introduced and passed in New York in 2011. This legislation prohibits health insurers from requiring the insured purchase prescribed drugs from a mail order pharmacy or pay a co-payment fee when such purchases are not made from a mail order pharmacy if a similar fee is not charged for drugs from a mail order pharmacy. Other AMMO bills have been seen since 2011 in Pennsylvania, Hawaii, Arkansas and Georgia. Whether its AMMO or AWP, the end goal of having consumers choose where to fill their prescriptions along with allowing the pharmacist or dispensing physician the option to gain access to the consumers is key.

Click here for model Any Willing Provider Legislation

COAnalyzer

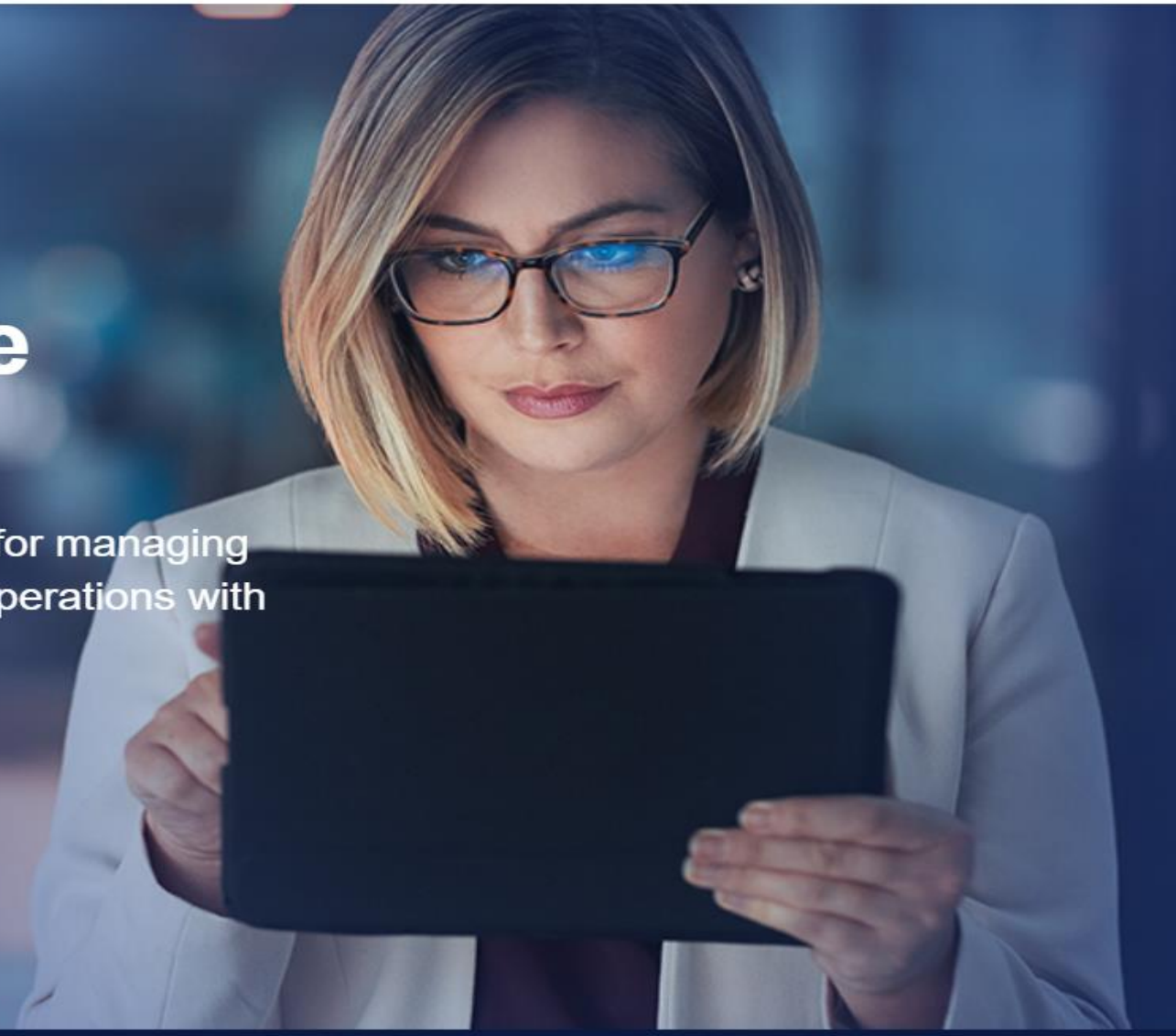
Powerful

Benchmarking Software

for Oncology Practices

COAnalyzer is a new, completely free benchmarking tool for managing your oncology practices. It allows practices to maximize operations with real-time data.

Get Your Free Account



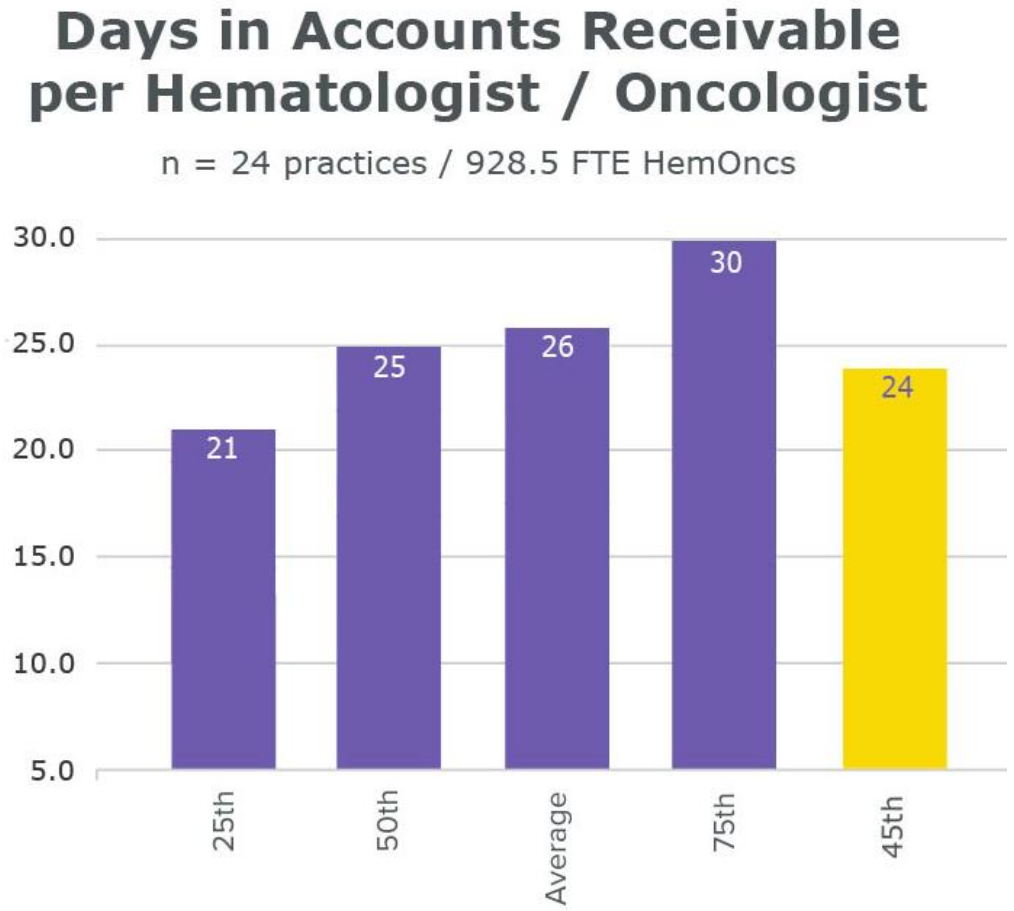
Free to COA members, COAnalyzer gives physicians and their management team access to real-time data on how they are performing and how their performance compares to peers, including 25th percentile, mean, median, 75th percentile and your practice's exact percentile.

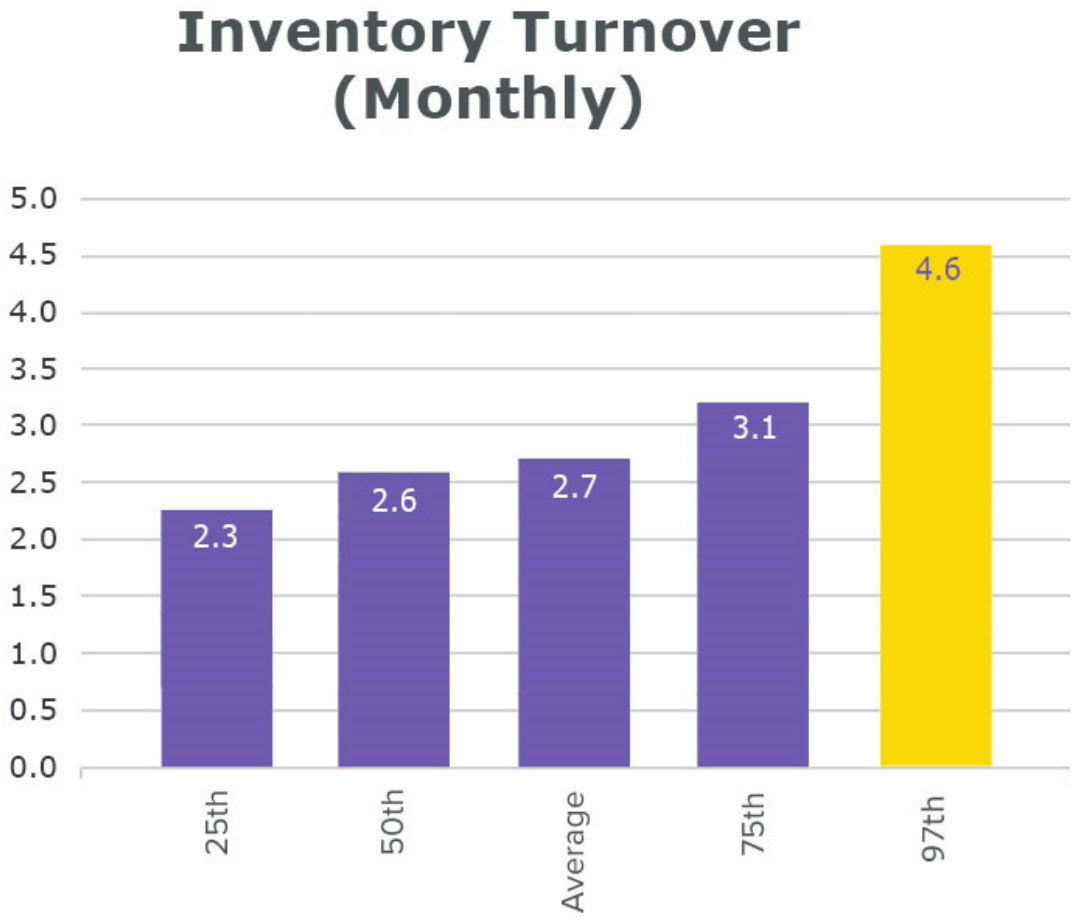
Overview

COAnalyzer

- Free Data Collection Tool that produces real time practice benchmarks for COA Members
  - Benchmarks around Oncology Overall Practice, Infusion Center, Radiation, Imaging, Research, Oral Pharmacy, etc.
    - Productivity
    - Human Resources
    - Practice Income and Expenses
    - Accounts Receivable and Inventory
    - Trending and more
  - Practice will see 25th & 75th percentile, median, mean, adjusted average and practice's exact percentile
- All data is confidential
- Data scrubbed daily for accuracy
- User chooses to submit only data for which they wish to see real time results
- All data is saved that you input
- Regional reports and subgroups such as OCM practices can be generated
- COA to have access of aggregated data for COA's mission
- Listserv & Regular recorded webinars

Days in Accounts Receivable & Drug Inventory Turnover

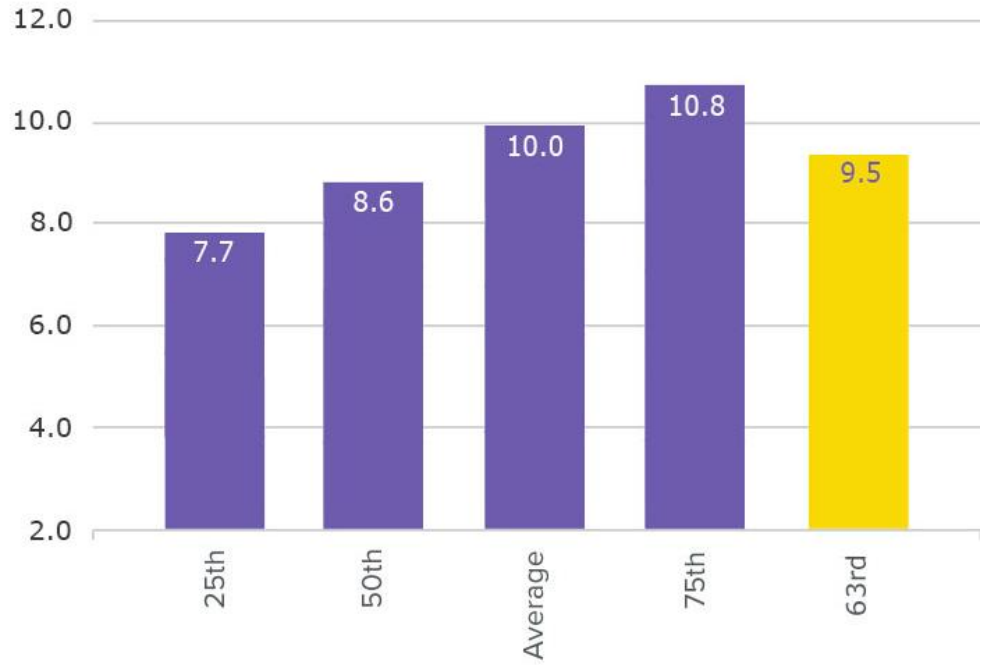




Staffing Reports

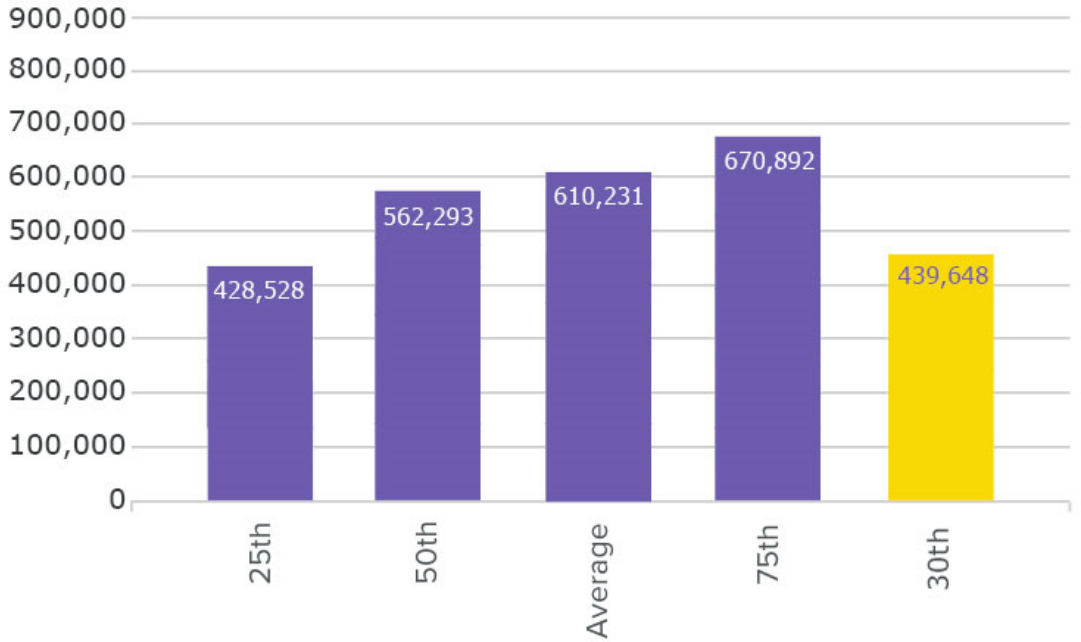
FTE Staff per FTE Hematologist / Oncologist

n = 24 practices / 928.5 FTE HemOncs

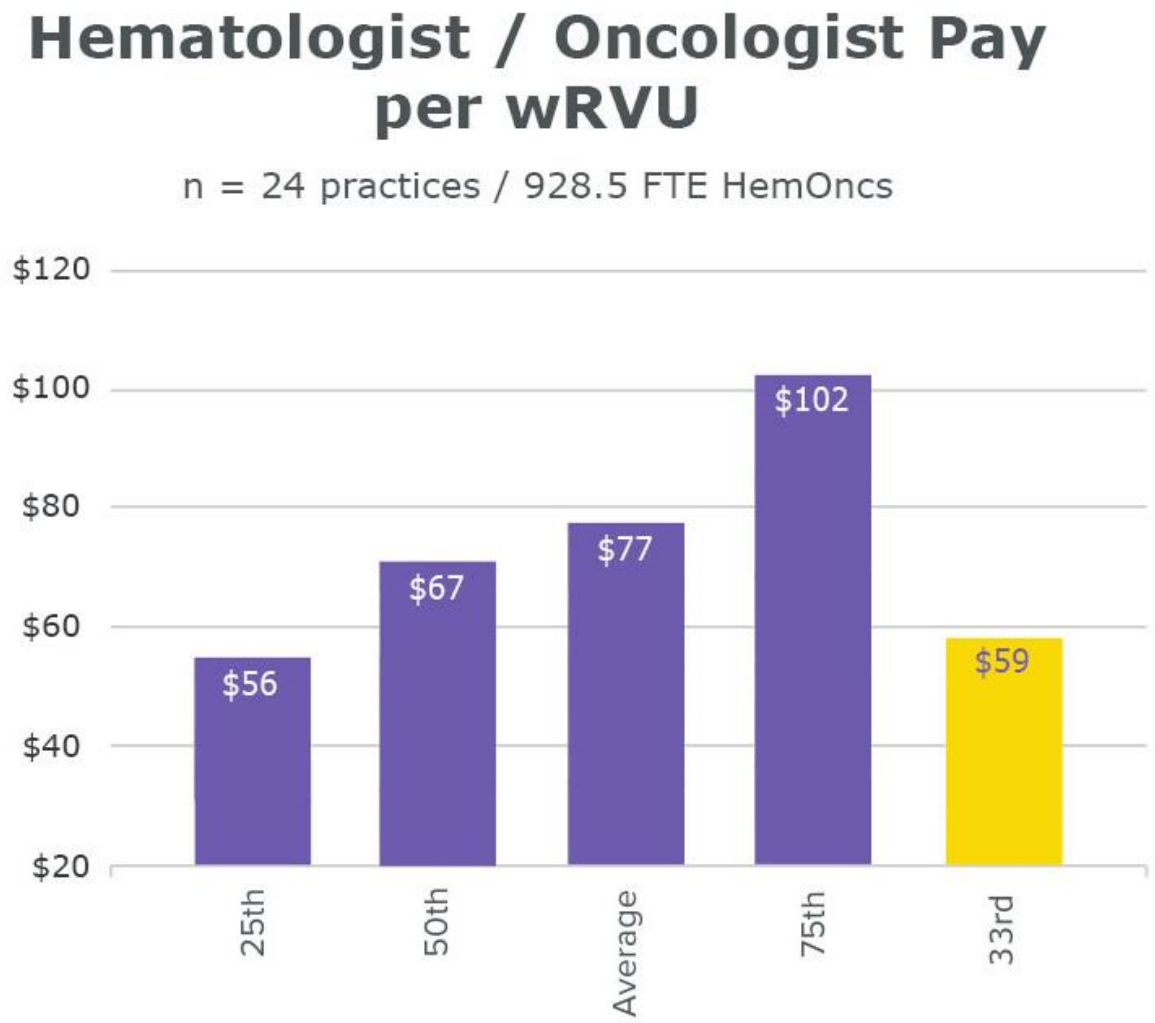


FTE Staff Pay per FTE Hematologist / Oncologist

n = 24 practices / 928.5 FTE HemOncs



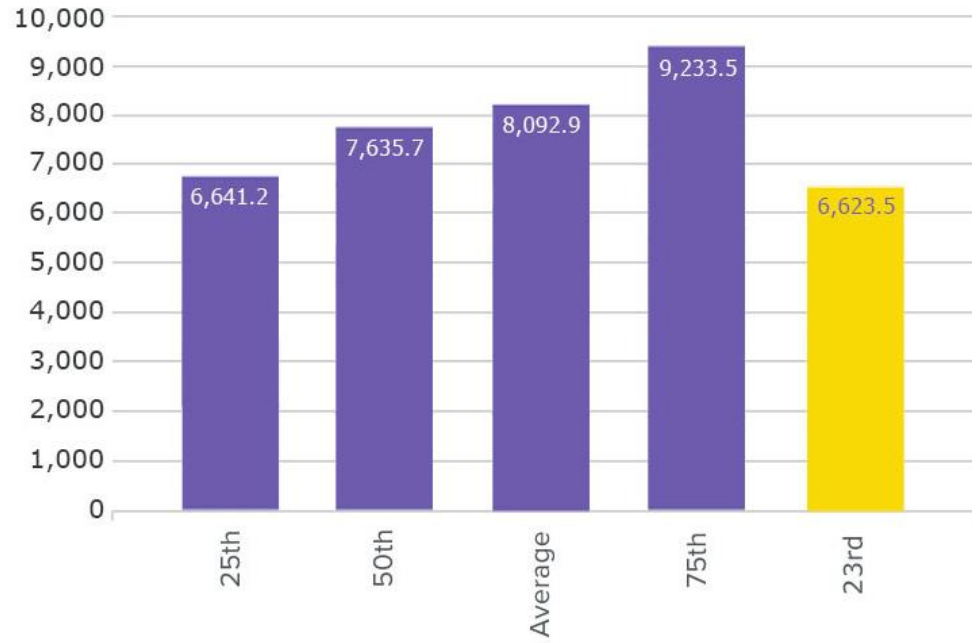
Compensation Reports



Productivity Reports

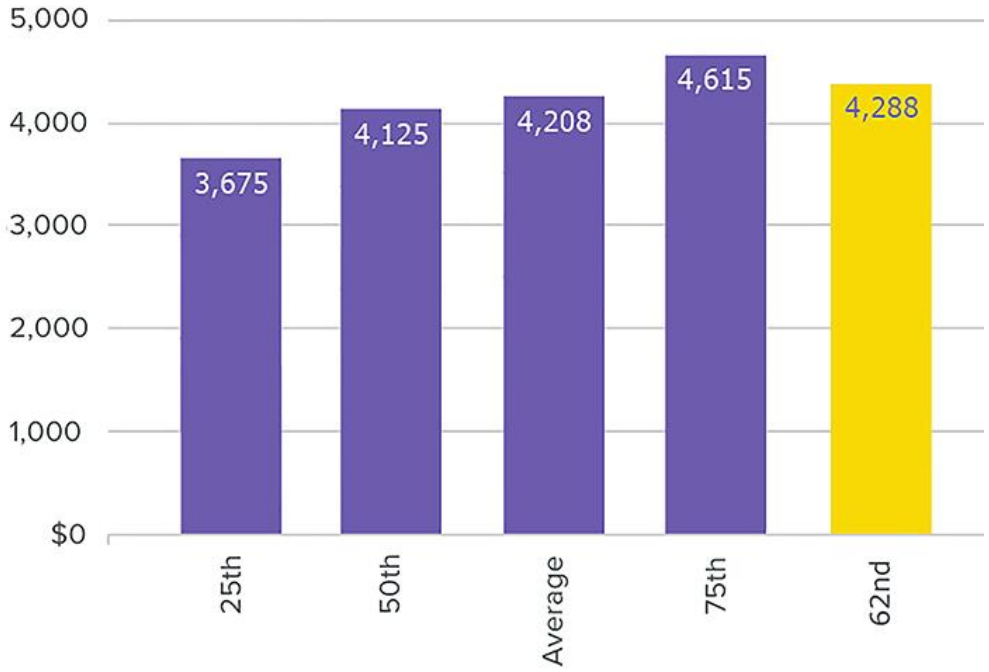
wRVU's per FTE Hematologist / Oncologist

n = 24 practices / 928.5 FTE HemOncs

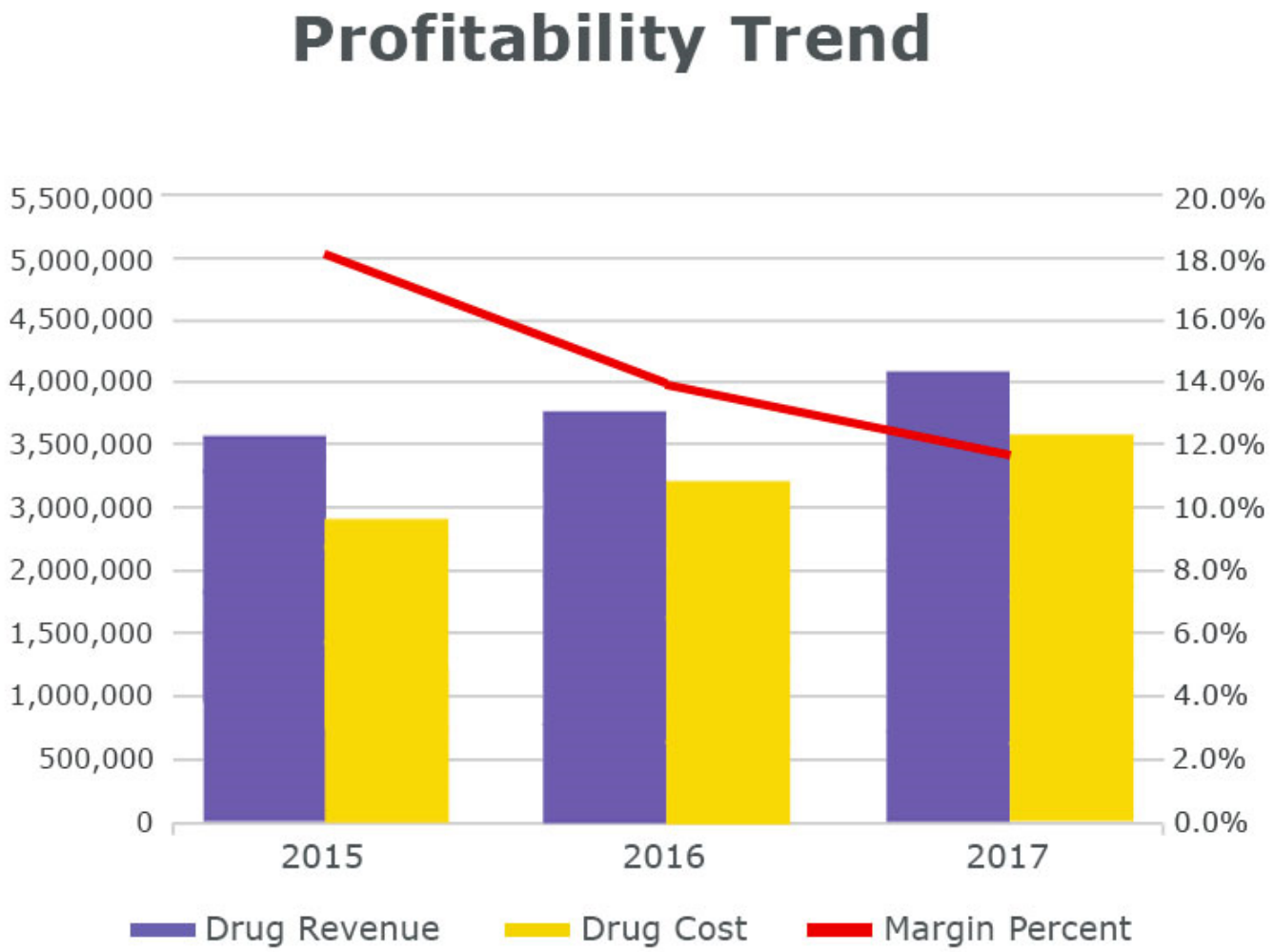


Total Patient Visits per Hematologist / Oncologist

n = 24 practices / 928.5 FTE HemOncs



Drug Trending Report



Current Year Oral Pharmacy Income statement

	2017	PER HEMATOLOGIST / ONCOLOGIST	PRACTICE RANK	25TH %TILE	50TH %TILE	AVERAGE	ADJUSTED AVERAGE	75TH %TILE
Income								
Total Oral's Pharmacy Drug Revenue	$ 20,000,000	$ 1,509,434	43%	$ 1,498,860	$ 1,552,051	$ 1,600,484	$ 1,620,281	$ 1,709,969
Other - Miscellaneous Oral's Pharmacy Income	$ 3,966	$ 299	50%	$ 263	$ 299	$ 467	$ 299	$ 588
Total Oral's Pharmacy Gross Revenue	$ 20,003,966	$ 1,509,733						
Direct Expenses From Oral's Pharmacy								
Oral Drugs	$ 18,000,000	$ 1,358,491	43%	$ 1,329,891	$ 1,406,512	$ 1,442,043	$ 1,454,053	$ 1,550,608
Oral Drug Rebates	$ (175,000)	$ (13,208)	14%	$ (13,415)	$ (16,021)	$ (16,741)	$ (16,411)	$ (19,520)
Accreditation Fees	$ 0	$ 0		$ 205	$ 308	$ 373	$ 308	$ 507
Adherence & Symptom Mgt. Fees	$ 0	$ 0		$ 0	$ 0	$ 0	$	$ 0
DIR/PNR/CP Fees	$ 150,000	$ 11,321	17%	$ 16,712	$ 26,443	$ 24,430	$ 24,204	$ 30,577
Dispensing Fees	$ 0	$ 0		$ 311	$ 337	$ 337	$ 0	$ 363
Dispensing Software License Fees	$ 12,000	$ 906	100%	$ 435	$ 653	$ 584	$ 587	$ 706
Equipment	$ 3,918	$ 296	50%	$ 175	$ 296	$ 717	$ 414	$ 714
License Fees	$ 0	$ 0		$ 63	$ 152	$ 188	$ 152	$ 277
Mileage Reimbursement Not Including Travel Mileage For Conferences	$ 61	$ 5	33%	$ 4	$ 40	$ 105	$ 40	$ 141
Postage & Shipping	$ 50,000	$ 3,774	50%	$ 2,921	$ 3,774	$ 3,298	$ 3,695	$ 4,390
Professional Dues & Subscriptions For Practice	$ 300	$ 23	17%	$ 50	$ 81	$ 231	$ 114	$ 194
Supplies (Labels, Etc.)	$ 7,000	$ 528	83%	$ 240	$ 343	$ 352	$ 348	$ 459
Total Direct Expenses From Oral's Pharmacy Not Including Human Resources	$ 18,048,279	$ 1,362,134	43%	$ 1,339,941	$ 1,412,456	$ 1,450,768	$ 1,467,759	$ 1,566,733
Gross Revenue Minus Direct Expenses	$ 1,955,687	$ 147,599	57%	$ 135,239	$ 144,351	$ 149,891	$ 147,360	$ 161,230

COAnalyzer

- Released to all COPA member in March 2018 (Pharmacy Component)
- Released to the general public this summer

Webinars

Questions????