

PA Health & Wellness Pharmacy and Therapeutics Committee Meeting Minutes
300 Corporate Center Drive, Suite 600, Camp Hill, PA 17011

Wednesday, July 18, 2018 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Dr. Cory Rigberg, Patrick Newsome, RPH, Germaine Biksey, RPH, Sherry Sharp, MD, FAPA, Debbie Rose (Participant Advisory), Jill Scheaffer, RN, and Dr. Francis Grillo
- Absent:** Michelle LoBello (Participant Advisory), Lori Hagwood (LTSS Participant Rep.)
- Guests:** Catherine Gorski (Medical Management), George Kimbrow Jr. (Pharmacy), Christina Kauffman (Pharmacy), and Tia Dantzler (Grievance & Appeals)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:05 PM.
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 12:55 PM.
- Next Meeting:** Wednesday, October 17, 2018 – 12:00 PM
- Submitted By:** George L. Kimbrow, Jr., Pharmacy Coordinator

Committee Chair: _____ **Date:** October 17, 2018
Meghan McNelly, PharmD, MHA; FACHE

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
I. Call to Order	Meghan McNelly called the PA Health & Wellness Pharmacy & Therapeutics Committee meeting to order at 12:05 PM.	Meeting Called to Order		Meghan McNelly
A. Introductions	Meghan welcomed the Committee members and guests, then a brief synopsis of the meeting flow, voting process(s) and various stages of the meeting, as a review for some and new information for others. The Committee Members in attendance – In person: Meghan McNelly and Dr. Francis Grillo. Via telephone: Patrick Newsome, Germaine Biksey, Dr. Cory Rigberg, Sherry Sharp, Debbie Rose, and Jill Scheaffer.	No action taken.		Meghan McNelly
B. Attendance Requirement Committee Roster	Meghan initiated a Committee meeting roll call and indicated the absence of Michelle LoBello (Participant Advisory) and Lori Hagwood (LTSS Participant Rep.). Each Committee member attending remotely introduced himself or herself, while Meghan identified the members or guests in the room as a measure of attendance. All members are noted as Committee Members of the initial & official “Go-Live” PA Health & Wellness P&T Committee. Meghan explained the member attendance responsibility and quorum requirements, in addition to, the voting process that the Committee will use (Pennsylvania/State request a vote tally for each initiative)	Committee Roster was taken.		Meghan McNelly
C. Recording	Meghan informed the Committee that the meeting is being recorded and that the recording will be discarded upon completion of the Meeting Minutes. There were no voiced concerns to the recording of the meeting.	No action taken.		Meghan McNelly
II. P&T Meeting Minutes	Prior meet minutes were made available as a part of the Meeting Packet, All members were asked review the 2Q Meeting Minutes and be prepared to vote and adopt or decline them during this 3Q meeting. Meghan inquired about questions on the 2Q Meeting Minutes; with no responses, a motion to adopt the 2Q Meeting Minutes was made by Debbie Rose and Dr. Grillo second the motion. All Committee Members voted to approve the motion	2Q 2018 Meeting Minutes were approved and adopted		Meghan McNelly
III. Old Business	Reviewing 2Q policy submissions (126 policies to the State for review w/ 38 outstanding policies remaining) *Reminder – Meghan is the approved delegate tasked with making changes on behalf of the P & T Committee. Meghan detailed that once policies are State approved a copy is uploaded to the PHW website.	No action taken.		Meghan McNelly

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IV. New Business				
A. Charter Review	Explained that the PDL must be reviewed annually; Entire PDL was reviewed and Committee approved in Q2 2018. The State responded with the ask of reviewing changes quarterly and the entire PDL annually, rather than the entire PDL quarterly. Changes were reviewed – no vote was necessary or taken. Physician & Participant profiling was explained in detail. Iris Krug, VP, Compliance, explained that there will be a dual reporting function and any fraud/waste/abuse is required to be reported timely to the PHW Compliance team, OLTL, the Attn. General’s Office & SIU			
B. PDL Review		Motion to approve the PDL approval as a line item at each meeting - Unanimous tally vote captured and motion approved.		Meghan McNelly
C. Voting and Vote Totals (Tie-breaker)	Voting was revisited to explain Meghan and Dr. Grillo’ stance on voting - As the policy reviewer and individual responsible for structuring the meeting, a COI is believed to be present for Meghan in this capacity. Thus, eliminating her as a voting member. Dr. Grillo is recommended to be a tie-breaking vote casting member only	Vote to approve Meghan abstaining from voting per COI and Dr. Grillo voting in a tie-breaking capacity only. Unanimous tally vote captured for both and approved		Meghan McNelly
D. Committee Policy Actor	Meghan explained that the volume of policies and the revisions necessary to meet the State requirements for approval do not afford us with the time to wait for	Approved – but no vote taken, as		Meghan McNelly

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for policy revision & Correction	quarterly meetings for voting; Proposal presented that Meghan act on behalf of the Committee to make necessary changes and updates to policies per the State's feedback track for policy approval. As a result, two packets will be sent to Committee Members moving forward – 1 packet of previous quarter's policies with changes and state approved policies and a second packet of current quarter policies for review.	it was not a line item on the agenda		
E. PHW Review and Approval Process	Meghan detailed the vote tally process and explained that the Committee votes on policies by section. Each section will be presented by section name and the floor opened for questions or comments to be addressed, then a tally vote will be taken. An ask was made of Committee Members to review the policies and submit policy related questions one week in advance of the meeting, to allow the Pharmacy Team time to research and prepare responses to discuss at the meeting.	No action necessary or taken		
V. Therapeutic Class Review	Meghan presented the Therapeutic Class Review for questions or concerns.	Unanimous tally vote captured to approve the Therapeutic Class Review passed		Meghan McNelly
VI. New Drugs	Meghan informed the Committee that there was a total of 18 new drug arrivals to review – RT 1, 2, 3 & 5	Unanimous tally vote captured to approve the new drug arrivals passed		Meghan McNelly
VII.	Meghan informed the Committee that there was a total of 76 new drug arrivals to review – RT 4	Unanimous tally vote captured to approve the new drug arrivals passed		Meghan McNelly
VIII. Guideline Review	Meghan informed the Committee that there was a total of 136 Guidelines to review	Unanimous tally vote captured to approve the Guideline Review passed		Meghan McNelly

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IX. Retired Policies	<p>Meghan explained that there are 8 policies being retired. Some of which are being moved to other existing policies and others are being moved in their same applicable form.</p> <p>The Committee had no questions and voted to accept the material as presented.</p>	Unanimous tally vote captured to approve the Retired Policies as presented passed.		Meghan McNelly
X. Policy and Procedure Summary Review	<p>Meghan presented this grouping and the Committee DUR, P&T Committee, and Vacation will be tabled and will be addressed during Southeastern PA Readiness to assure they are adequately discussed in readiness policies not necessarily coordinating to these breakouts, but summarized in other policies and make changes as needed in Q4.</p>	No Action	Tabled until Q4	Meghan McNelly
XI. Guidelines (Medicaid)	<p>Meghan presented this grouping and noted that there are 11 policies</p>	Unanimous tally vote captured to approve the Medicaid Guidelines as presented passed.		Meghan McNelly
XII. Complaints & Grievances	<p>Meghan referenced the attendance of Tia Dantzler of the G&A Team, and stated that to these point (Q1_2018 – 21 / Q2_2018 – 48) grievances this year. Q over Q Increase relates to the COC period during Jan. & Feb. 2018. In addition, a significant amount fall under opioids, and while we are following the PA State’s opioid requirements, these numbers were expected. Beginning Sept. 1, Gov. Wolfe asked that MCO’s limit initial scripts for opioid pain management. Moving from 7 days to 5 days; not covering chronic conditions. Edits will be made as necessary and we plan to see additional grievances related to opioids.</p> <p>Dr. Rigberg asked if the grievances were coming in from patients or provider and Tia responded that they are coming in from a bit of both.</p> <p>Meghan said that we want to assure we have participants on this committee to have open conversations about this issue, but have blinders on related to the privacy of the participants and other involved individuals, provider, or facilities.</p>	Unanimous tally vote captured to approve the Clinical Policies as presented passed.	F/U in Q4	Meghan McNelly

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The question was posed to the Committee, “What other types of information from the G & A Team would be helpful related to this issue”.

Debbie Rose asked are the grievances coming from the community, as she represents a LTC and she doesn’t see the concerns coming from LTC’s, but recommendations from the Dept. of Health that LTC’s need to have justification for medication renewals every 14 days. Do you see that changing from 14 days to 5 days? Meghan responded – If someone is on an opioid for 14 day, they would fall under chronic use and not considered an acute episode and does not believe it fall into the 5 days...as long as it meets the requirements for chronic use.

Dr. Grillo mentioned that we had a number of grievances regarding the provision of some requirement, as per the guidelines, when a provider writes a script; they need to provide evidence that they have tried other drugs based on the predetermined sequence. Time became a factor and a number of PA requests fell out of the TAT window, and a number of the decisions were reversed once the provider provided the evidence in question as required by the policy. Have there been improvements regarding the notification of providers in a timely fashion?

Meghan provided some background on Pennsylvania’s PA requirements 24 hr. TAT, incomplete PA submissions are considered denials though rationale for the denial is included in the denial letter, all policies are listed on-line and accessible to providers 24/7 for review and guidance on requirements for approval. Meghan asked the Committee what we could do better to disseminate the information to providers and in turn reduce the number of issue related grievances. No responses were offered.

Dr. Grillo asked if the G&A team could assess if the types of grievances have adapted over time. Tia stated that it stayed the same and due to the mandated TAT, she feels it will be consistent. Dr. Grillo feels it is costly to the company to

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	<p>have outsourced some grievances in the past, and wondered if any ideas were offered to improve education and make the process more effective.</p> <p>Meghan proposed that we bring back to the Q4 meeting, trends related to a specific provider or practice type in addition to working with Provider Relations to reach out to those groups. Meghan has done some outreach out some regional groups, but there are other groups out there. Provider Relations was put on hold, but as we move forward & with State approval, we can look into additional efforts. Cathy Gorski presented on behalf of the pharmacy team at the SE Go-Live Presentation Event and Prior Auth. slides were included in that presentation to highlight the importance.</p>			
V. Charter Points				
<p>A. PBM Oversight</p>	<p>Meghan discussed awareness of different metrics monitored monthly for our Envolve & CVS counterparts. These include call metrics, PA Response time, Provider Clean Claim Processing, Pharmacy Network Verification (3,400 Network Pharmacies and increasing as of 6/30/18), Call Center & CVS Complaints one to-date), Encounters, Eligibility Files & Uploads for timeliness, and an overall PA threshold (Overall # of PA's meeting 24-hr TAT, including Specialty/Non-Specialty meds). The 100% PA threshold has been a point of contention (PHW Compliance Rate Q1- 95.5% & Q2 – 96.7% & June 2018 – 99%). We are showing evidence of movement in the right direction. Strategies include changes in the background process, adjustment to some leadership structures, addition of 14 pharmacists, staff schedule augmentation to meet requirements for peak times for PA's, and staff education initiatives. FYI – Envolve does handle PA's for other states, but our focus is to assure the PA TAT's are meeting the 100% threshold set by the State of Pennsylvania. The State is aware that we have not been meeting the 100% threshold, but are also aware that we are working diligently to improve that process.</p> <p>Tia inquired into whether PHW is planning to begin Call Calibration (a Best Practice) to monitor the call quality and insure that complaints are not being missed. Meghan said we can look into it and that it has not been presented to</p>	<p>No Action</p>	<p>Update in Q4</p>	

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	date, but we can address it on a call with EPS and explore the option and will update the Committee in Q4.			
B. Pharmacy - Quality Improvement Program	Meghan updated the committee, but prefaced her comments by stating that we do not have significant data due to the plan being so new, so QIP initiatives have been primarily internal to assure staff and team members are adequately educated. Strategies include face-to-face visits where Pharm. Coord. met with the Pittsburgh CC team, weekly Pharmacy Call with the Call Center (CC) SME's call, In June 2018 there was a PHW U Webinar about pharmacy services to educate PHW Staff on the Pharmacy Team processes and what we do as a team, a new PC Team was created in Pittsburgh that Meghan met with personally.	No Action		
C. Recall Notifications	We are working on the complete Recall Notification Process, because there was a recall in Q2 of Fluticasone and we did not have a formal process setup, we sent out formal State approved notification letters and made outbound notification calls with a 100% contact rate. A major Valsartan recall is looming and letters are being drafted to submit to the State for an expedited approval TAT.	Monitor Valsartan recall and implement notification steps		
D. Fraud, Waste & Abuse Monitoring	<p>We are continuing to monitor FWA and Neudexta, which we recently added a policy, has been in the news because it treats a relatively rare disease, it is extremely expensive, and its utilization has increased by over 400%. This does not correlate to the diagnosis in the population. CMS has alerted that medication is being used to control unruly behavior (particularly in nursing facilities). The med has not been studied thoroughly in the elderly population and it has a history of increasing fall risks. A Prior Authorization policy (1st PDL Negative Change) on this medication was voted on in this meeting and once approved; providers will be notified of changes moving forward.</p> <p>Dr. Rigberg pointed out that this medication is a combination of two readily available medications (dextromethorphan HBr and quinidine sulfate) and stated that Quinidine is not a benign medication. Alternately he offered that provider could recommend Robitussin DM and see if that worked. Meghan referenced that the cost and use heighten uptick do no correlate to the cost and use of the individual medications in combined use. Prescribers and participants using this</p>	Monitor the approval process at the State, then begin outreach & education efforts with providers and participants		

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	medication have been identified and once approved there will be outreach and notification to them.			
E. Medicare Initiatives Update	Meghan deferred to Christina Kauffman, Pharmacy Coordinator, to deliver information on these initiatives related to quality. The main focus of this initiative are outbound calls that are being made to Medicare participants prioritizing oral diabetic claims, as these are the top prescription claims per month/per diagnosis. Adherence and participant/provider outreach are major areas of focus combined with a Med Management initiative, Mini-Disease Management Clinics, led by Cathy Gorski and Dr. F. Greg Grillo. Focus on top value bullets from extensive Disease Management Programs (DMP) and extract them to create a focused DMP for individual participants based on their individual diagnosis (i.e. - Diabetes, Hypertension, and Renal Failure). The benefit to these initiatives is that because we are a small plan in a small segment of the State, we are able to work out the kinks in these initiatives prior to our becoming much larger where it will be much more difficult to manage.	No Action	Updates to come as the program progresses	
F. Behavioral Health (BH) Initiatives	Meghan is now participating in JOC calls with BH Leaders and inquiring about their expectations from PHW from a Pharmacy perspective. One option being discussed is using injectable antipsychotics for adherence. Debbie Rose was excited about this option, as she works with a long-term placements with a large number of BH patients and because non-compliance is a problem that they face and she feels this may be a life saver and beneficial in some cases. Cathy Gorski added that we want work closely with BH and LTSS to assure participants on antipsychotics and other meds are receiving their proper clinical screenings for labs to make sure everything is okay.	Meghan will reach out to Debbie Rose for additional insight into BH initiatives.		
G. NCQA Accreditation	Cathy Gorski was given kudos for her ongoing NCQA Accreditation planning work along with the Quality team at the plan. Cathy has been working with service lines throughout the plan to assure they are up to par with the accreditation standards. Pharmacy has started on all of the standards with meeting planned in coming weeks/months to assure we are prepared to meet the standards. Meghan will f/u with additional info, as we grow closer to the accreditation.	Meghan will bring infographic of NCQA Accred. progress		

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H. DSNP	Plan has been attending various meeting with the State regarding our DSNP population. Plan has been asked to come up with quality metrics for this population and discuss our opioid plan for 2019 at a meeting in Sept. 2018. We are still await CMS approval for initiatives we hope to begin in 2019 related to opioids and are hopeful to hear back from CMS prior to the Sept. 2018 meeting with the State.	Bring back outcome of CMS decision and what was reported to State in Sept. at Q4 meeting		
I. SE Expansion	Education and outreach is actively taking place and PHW awareness including branding and educational information is being distributed and shared in the SE region. The ask of the Committee is that recommendation of potential members from the SE region that may be interested in joining the P&T Committee be shared with us, as we want representation from all of our services areas.			
J. Open Discussion	<p>No questions or comments. Meghan will continue to serve as the Delegate for the Committee to the State for policies. Based on policies approved at this meeting, the policies will be sent to the State for review and approval. Meghan will work with the State Pharmacist's to update or change the language in the policies as necessary. A status tally of the policies will be presented to the Committee at the next P&T Committee Meeting. As always, policies are accessibly 24/7 via www.PAHealthWellness.com.</p> <p>George Kimbrow, Jr. informed the Committee that an email with an attachment of the Remote Attendance Verification Form would be sent later in the afternoon. All remote attendees are required to complete and return the form to PHW as a means of verification of attendance at the meeting.</p>	No Action		
VII. Next Meeting	The next meeting is scheduled for Wed., Oct. 17, 2018.	No action.		Meghan McNelly
VIII. Adjournment	With no further business to discuss a motion was made and accepted to adjourn the meeting at 12:55 PM.	Meeting adjourned at 12:55 PM		Meghan McNelly

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