

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

**Wednesday, April 17, 2019 – 12:00 PM – 1:30 PM**

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Germaine Biksey, RPH, Jill Schaeffer, RN, Dr. Auren Weinberg, Michelle LoBello, Michelle Bennett, Debbie Rose, Oluwatoyin Fadeyib, Barbara Wingate, Dr. Christopher Hughes, and Dr. Francis Grillo
- Absent:** Dr. Auren Weinberg (Chief Medical Director, PHW), and Dr. Sherry Sharp
- Guests:** Jennifer Roberts (Medical Management), Iris Krug (VP of Compliance), Tia Dantzler (G&A), Marci Kramer, (Q&A), Patrick Newsome, RPH (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), George Kimbrow, Jr. (Pharmacy)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:05 PM.  
(Started a bit late because the Live meeting location was relocated at the last minute due to unforeseen circumstances)
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 12:40 PM.
- Next Meeting:** Wednesday, July 17, 2019 – 12:00 PM
- Submitted By:** George L. Kimbrow, Jr., Pharmacy Coordinator

**Committee Chair:** \_\_\_\_\_ **Date:** July 17, 2019  
Meghan McNelly, PharmD, MHA; FACHE

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
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
Recording	Meghan informed the Committee that the meeting is being recorded and that the recording will be discarded upon completion of the Meeting Minutes. Meghan asked if there were any objections to the recording. No objections were voiced.	No action taken.		Meghan McNelly
Introductions	Meghan briefly welcomed the Committee members and guests, then a rollcall was taken by Christina Kauffman	Remote attendees noted		Meghan McNelly
Meeting Minutes	Motion to adopt the Q1_2019 Meeting Minutes as presented in the online voting packet was requested by Meghan – Moved by Dr. Hughes and 2 <sup>nd</sup> by Debbie Rose.	Adoption of Q1_2019 Meeting Minutes recorded as approved		Meghan McNelly
Online Voting	Meghan referenced Qualtrics, the online voting system, and eluded to three (3) Committee members that had not voted. The members whose votes were not captured were Debbie Rose, Germaine Biksey, and Oluwatoyin Fadeyib. All three indicated that they completed the online voting shortly before the meeting that morning. The final vote tally was completed the morning of the meeting, but prior to their votes clearing the system. Meghan stated that we would re-tally the votes to include the 3 members' votes and send out a tally to all Committee Members for review.	Votes were tabled.  <b>Revision: All votes were captured and tallied as approved (GK, Jr. – 4/18/19)</b>		Meghan McNelly
New Member Introduction	Oluwatoyin Fadeyib, Pharm.D, MPH (Community Behavioral Health) She facilitates and works closely with pharmacy leadership across the 7 LIBs on behalf of the BH Managed Care Organization of Philadelphia County, which serves as the payer for PTPs in Philadelphia County only.			Meghan McNelly & Oluwatoyin Fadeyib
Committee Charter & Structure	Meghan reviewed the attendance requirements specifically and a brief overview of the balance of the charter. She then thanked the Committee for their time and dedication to the Committee as well as utilizing the online voting.			

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Old Business				
4Q_2018 & Q1_2019 Policy Submission Status	Reviewing the 4Q_2018 & Q1_2019 policy submissions, there are several policies that are still in the review and approval process with the State. We are continuing to work with the State on moving these policies through the process.	No action taken.		Meghan McNelly
PDL Changes	<p>Major talking point is the PDL Changes. The plan was recently informed (3 weeks ago) by the State that in 2020, all MCO's, including Community Health Choices (CHC) and Health Choices (HC) will be moving to a State driven PDL. Consequently, the State will dictate the formulary and PA requirements attributed to that PDL. There are currently several questions with the State regarding this transition and because we only found out about this move approximately 3 weeks ago, we have a tentative timeline. There will be 2 open statewide P&amp;T meetings being held in May and June to discuss the PDL. These meetings provide preparatory opportunities to finalize a potential State PDL by the end of June 2019 for presentation to the Secretary for final approval. Upon approval and no later than 60 days prior to implementation, the PDL will be released to all of the MCOs to be effective 1.1.2020. This raises concerns, because we have participants that have been on Medications considered preferred on the PHW Formulary that will not be preferred status on the new Statewide PDL. We are exploring mitigation steps into what we can do as a plan to limit member disruption and medication disruption as of 1.1.2020.</p> <p>Additionally, the P&amp;T Committee structure at PHW has now been called into question, as we will ultimately use the State PDL and PA guideline. There are still several unanswered questions pending response with the State. What we know thus far is that any medications not addressed in the statewide PDL are able to be discussed during the Plan PDL and create a plan PDL that incorporates drugs not highlighted in the statewide PDL. Additional, because we utilize this meeting as our DUR meeting, it may turn into more of a quality type meeting rather than an ops formulary. There is more to come, as there are still numerous unanswered questions. Apologies were offered for the lack of definitive information, but the hope and plan moving forward is to have more concrete information for the July P&amp;T Meeting. One instance related to the MCOs that was addressed is that the last submission of PARPs will be June</p>			

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	<p>2019, so the July 2019 meeting will likely look and feel different. As previously mentioned, PHW and other MCOs have submitted questions to the State and are awaiting answers to allow us to move forward. Meghan opened the floor up for questions related to what was just discussed or questions that anyone would like posed to the State and there were no comments. As new information is received regarding this topic, Meghan said that would notify the Committee via email and the possibility of a meeting prior to the scheduled July meeting is there but not expected. Meghan also noted that the State P&amp;T meeting are open to the public under the Sunshine Act, so anyone interested in attending can reference the DHS website for the State P&amp;T meeting dates, times, and location.</p>			
Physician & Participant Profiling	<p>This is still one of the objectives of the P&amp;T Committee. We are slowly beginning to build trends in our top 25 report (Spend, Utilization, and reviewing unique members/participants/pharmacies). The Compliance team met with BPI to discuss specifically FWA (Fraud, Waste &amp; Abuse), and identifying the mechanisms for reporting. As some of the data points become more prominent, we will notify the appropriate oversight units.</p>			
Voting – Policies	<p>Meghan stated that this is the point that we would normally perform the policy voting, but that she is very appreciative to George for his hard work on transitioning this to an online voting system. She thanked the Committee members for taking the time to vote through the new system.</p>			
Complaints & Grievances	<p>Meghan referenced the previously mentioned downturn in Q4_2018 – 9 medication related grievances. We expected our numbers to peak in Q2 and trend down in Q3 &amp; Q4. We expected the number to increase in Q1_2019 with the new membership addition and it went up to 26 that were pharmacy related, of which, 19 were upheld, 6 overturned, with 1 still pending.</p> <p>Meghan then announced that Tia Dantzler is in attendance from the G&amp;A Team, and opened the floor to questions, concerns or comments related to the G&amp;A. No comments were raised.</p>	<p>No action necessary, Informational only. – No questions or comments raised.</p>		<p>Cami Witmer</p>
PBM Oversight	<p>A situation was revealed through proactive PBM oversight audits that are conducted monthly (various metrics are also reviewed daily) that focused on PA audits. Discussed previously with this committee last quarter – specifically targeting 100% of all PAs w/in a specific drug class, in addition to random</p>	<p>No action necessary, Informational only. – No</p>		<p>Meghan McNelly</p>

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	<p>sampling of 25 PA charts per quarter. Findings of the audits from Q4_2018 6 of 25 PAs reviewed included occurrences when EPS Pharmacists licensed in other states that were reviewing and approving PAs, rather than the required Pennsylvania Licensed pharmacists. Through the audit, it was determined the approvals were correct, but the personnel were contractually insufficient. This has been addressed with EPS Leadership, PHW leadership, and the findings disclosed and rectification steps put in place with the State. We will continue with our audit process, but we now have required EPS to perform their own internal audit and report the findings to the Plan, in addition to what the Plan is performing. EPS has also been required to implement education, attestation, outlined an action plan to complete, review, and address and make necessary changes moving forward. Better reporting is expected in the next quarter based on these adjustments.</p> <p>Meghan asked Oluwatoyin Fadeyib, Pharm.D, MPH (Community Behavioral Health) if or how CBH audits PAs. Oluwatoyin responded that CBH does not do broad scope audits; they address them on a case-by-case basis. She is developing a surveillance system to better track issues across plans &amp; providers to identify trending issues; however, it is a fairly different process. Based on that feedback, we will provide a report for the July Committee meeting with reporting data from PHW and EPS to indicate trending data. This feedback seemed to be well accepted by several committee members.</p>	<p>questions or comments raised.</p>		
<p>QI (Quality Improvement) Programs</p>	<p>We are focused on internal/external Educational Initiatives. A major push is the “Adherence Initiative” We are currently utilizing a dashboard to monitor and track progress, but are working to build and action plan for our adherence measures. This is tracked on a weekly basis to assure we are meeting or goals. This information will be sent to the PHW Executive Team for review on a weekly basis.</p> <p>Meghan and the Sr. Director of Medicare for PHW met with a local LTC adherence packaging pharmacy in the Pittsburgh area that service LTC facilities and homebound PTPs and PHW is looking to outreach with different partner that</p>	<p>No action necessary, Informational only. – No questions or comments raised.</p>		

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	<p>can bring robust quality metrics to our plan. Partners like this become critically important as we move into CHC's t-zone on Jan. 1, 2020. Some areas have scarce pharmacy locations and broad distances between PTP and available pharmacies, which offer a unique set of challenges for PTPs that, cannot or are unable to get to the pharmacy on a regular basis. In most cases delivery from the pharmacy is not an option or not available. Debbie Rose shared her appreciation, as transportation and delivery issues come up often with clients via the CAOs. They report that meds and/or services are not being covered due to date of service/activity when recent separation from nursing home and delay in record update. These cases are mostly in the SW region, with no impact on PHW clients. Jill Schaefer shared information about a grant project w/ a different health plan, that her organization (Service Access &amp; Management) partners with works monitor &amp; maintain juvenile asthma medication adherence in rural areas. They call, then cold visit to discuss the importance of the medication. They also receive lists from the plan and pharmacy indicating fill frequency. Jill agreed to discuss further about the program later.</p>			
<p>DUR Review</p>	<p>Our BH MCO &amp; LA Anti-Psych Adherence Project has run into some HIPAA related issues and is now being reviewed by our Compliance team. Patrick Newsome has been leading the charge with other DUR review metrics on a quarterly basis - MME benchmarks, charts &amp; claims, identifying chronic utilizers, Prescriber Opioid profiling (Opioid analgesics &gt;75 % of patients), Prescriber hopping Opioid PTPs, Acetaminophen overutilization, varying drug disease contraindications (Dementia PTPs w/ scripts for anti-psychotics), LA beta-agonist mono-therapy, diabetes underutilization &amp; preventative meds. We utilize various outreach mechanisms – phone calls, letters (mailed &amp; faxed), and face-to-face conversations. Pending the Statewide PDL decision by the state, the direction of the P&amp;T Committee may become more DUR focused and ultimately garner a more robust clinical outreach discussion. Opioid PA changes were put into effect 1/1/2019 per State requirements 5-day duration for all opioid scripts. We have also will move from the previous daily 90 MME limit to a new State mandated 50 MME limit on June 1st (State req. completion by July 1), a month later than the previously discussed May 1<sup>st</sup>. This move is to parallel the move/go-live of the new adjudication platform, RxAdvance. Keeping in mind</p>	<p>No action taken.</p>		<p>Meghan McNelly</p>

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	that all MCOs are required to make this MME daily limit change, we are making the change to adhere to the State mandate. The previous platform was the CVS platform. Provider education on this matter will be delivered in-person sessions with several presenters including Dr. Hake of the Sunflower Plan, also via fax blasts, and PHW website postings.			
Open Discussion	No Comments from the Committee, however Meghan did thank the PHW Pharmacy Team for their hard work in preparing for the quarterly meeting. In addition, Meghan introduced and formally welcomed the newest member of the Pharmacy Team, William “Bill” Baker to the committee.	No Action		
Next Meeting	The next meeting is scheduled for Wed., July 17, 2019  George reminded all remote attendees to complete and return the Remote Attendance Verification Form as a record of attendance.	No action.		Meghan McNelly
Adjournment	With no further business to discuss a motion was made and accepted to adjourn the meeting at 1:11 PM.	Meeting adjourned at 1:11 PM		Meghan McNelly

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