

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

Wednesday, July 17, 2019 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Germaine Biksey, RPH, Jill Schaeffer, RN, Dr. Sherry Sharp, Debbie Rose, Oluwatoyin Fadeyib, Barbara Wingate, Dr. Christopher Hughes, Dr. Auren Weinberg, and Dr. Francis Grillo
- Absent:** Michelle LoBello and Michelle Bennett
- Guests:** Jennifer Roberts (Medical Management), Iris Krug (VP of Compliance), Marci Kramer, (Q&A), Patrick Newsome, RPH (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), George Kimbrow, Jr. (Pharmacy)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:10 PM.
(Started a bit late due the a Committee Member on the road that called in late and we needed them to meet quorum)
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 12:55 PM.
- Next Meeting:** Wednesday, October 16, 2019 – 12:00 PM
- Submitted By:** George L. Kimbrow, Jr., Pharmacy Coordinator

Committee Chair: _____ **Date:** October 16, 2019
Meghan McNelly, PharmD, MHA; FACHE

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
Meeting Roll-Call	A roll call of attendees was taken and recorded. Meeting start was delayed as we awaited another Committee member to call in, which would allow the meeting to meet quorum.	Rollcall No action taken.		William Baker
Call to Order	Meghan McNelly called the PA Health & Wellness Pharmacy & Therapeutics Committee meeting to order at 12:11 PM. Meghan prefaced the initial item on the agenda to note that the meeting flow will be different that previous meeting structure	Meeting Called to Order		Meghan McNelly
Meeting Structure & Recording	Meghan opened the meeting noting no new members, but provided detailed information on the committee structure. Meghan then explained that the Committee meeting is being recorded and that the recording will be discarded upon completion of the transcription of the Meeting Minutes. Meghan asked if there were any objections to the recording. No objections were voiced.	No action taken.		Meghan McNelly
Meeting Minutes	Motion to adopt the Q2_2019 Meeting Minutes as presented in the online voting packet was requested by Meghan – Moved by Dr. Weinberg and 2 nd by Debbie Rose.	Adoption of Q2_2019 Meeting Minutes recorded as approved		Meghan McNelly
Old Business				
PARP Status	Bill provided PARP submission updated on State submitted policies for previous quarters. 4Q_2019 Complete /1Q_2019 – one pending / 2Q_2019 – four pending / June 2019 submission – two policies / July 2019 – one policy (Total = 8 PARPS outstanding) very good progress overall.	Ongoing submission process until all policies are approved		William Baker
2019 DUR Update & Outlook	Annual DUR Update was submitted to the Department, which was received without issue. This will now go to CMS as approved. This process was educational and we will be able to move forward in this process using the template for the remainder of 2019 into 2020 field/address any comments from the State regarding what was submitted.	No action taken.		Meghan McNelly

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Online Voting	Committee vote totals are mandatory for each meeting and the tiebreaker for this meeting is Dr. Grillo.	Votes were.		Meghan McNelly
New Business				
State PDL Changes	<p>2Q_2019 brought notification of the State's (DHS) intention to move to a State PDL effective Jan. 1, 2020. Essentially this will be a list of State provided preferred/non-preferred medications, in addition to, State PA guidelines. Previously, we used our internal policies, which were a combination of Centene's DUR/P&T board's policy and PHW's Pharmacy team's recognition of fee-for-service guidelines to create a hybrid approach on State submitted policies and PDL for State approval. May & June saw meetings with MCOs and the State to compile the State list and we are awaiting the final list and recommendations to go to the State DHS Secretary, Sec. Miller, and then off to Gov. Wolf's desk for approval and signature. PARP submission has been halted eff. 7/1/19, which impacted the reduced volume of policies included in the 3Q_2019 P&T Meeting Packet. The floor was opened for questions regarding the State PDL topic with no responses or questions.</p> <p>It was noted that a proactive approach is being taken to notify PTPs (Participants) in the form of Transition Fill letters being sent out prior to, but no later than Nov. 1st to allow PTPs and providers an opportunity to change medications and/or get new prescriptions prior to the changeover. Dr. Hughes asked if we will be actively requiring PTP to switch to the State PDL? Meghan indicated yes, because effective Jan. 1, 2019 PHW will be held to a 95% compliance rate. All PTPs will need to go through the PA process with submissions based on the State's PA criteria for drugs requiring Prior Authorization. There is an anticipated increase in the number of PA's submitted to EPS & PHW for review in 4Q_2019. Debbie Rose asked if there is an expected lag in PA reviews/approvals of replacement drugs for previously approved meds, due to new script requirements for controls. Meghan responded by reiterating that the Nov.-Dec. notification period will support that time to handle these transitional situations. We understand the complexity and difficulty of these situations (multiple scripts & multiple physician offices.) all during and around the holiday season; however we will get the information out as early as possible --- once we receive the information from the State. In her capacity as a</p>	No action taken.		Meghan McNelly

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Service Coord., forward thinking incorporates recommendation to consumers regarding the best MCO for them based on their needs, making doctor appointments, and med checks prior to Nov. 2019. Meghan indicated that as a good forward thinking approach and recommends participating in the Sub-Mat LTSS mtg. on Sept. 5, 2019, where discussions on the State PDL will also take place. Dr. Sharp inquired about the impact these changes will have on the P&T Comm. Mtgs. The primary impact will be that we will not be as policy heavy regarding reviews and votes on policies, as all MCO's will be held to the State PDL. However, we will vote to approve the use of the State's PDL and its FFS & PA policies. We will still review and vote on the Ambetter policies. Meghan envisions the meeting moving more into a quality driven meeting w/ deep delving into DUR reviews, and broadening into developing a more robust FWA program since we have established more trending data. Bill Baker reminded Meghan about a grandfathering clause that allows certain classes of drugs in which members w/ positive responses will not have to switch to the preferred meds (i.e. – HIV meds). Once the State PDL is received, we will be looking to identify these grandfathered classes in order to notify impact PTPs and Providers that they will be able to continue on these medications. Dr. Grillo asked if the proposed version of the Statewide PDL was complete and if there was opportunity for public input, as it is frightening as a provider? Meghan said it is not final, but it is at the recommendation of the P&T committee and public input for meetings held in June 2019. This now rests with Sec. Miller for approval, and once approved it will then be sent to Gov. Wolfe for signature. However, the list is not finalized. Dr. Grillo asked about the modification process at the current stage and Meghan responded that all mods would go through the DHS Pharmacy department. Dr. Sharp inquired into the group makeup for the final decision. Meghan responded – The State P&T Comm. is comprised of MCO delegates (pharmacists & providers), independent pharmacists, external physicians from outside health systems, and community activists who review proposed changes from a clinical perspective along with other input/recommendations, which were reviewed by State Med. Dir. & pharmacists. It was approved at this level, and then sent to the Secretary's desk for her approval. Ultimately, Meghan does not foresee any med class loss versus what

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	PHW has now; it will simply be a case of PTPs changing to potentially other preferred versions of the same med that they are currently taking that are indicated on the State PDL. Dr. Hughes indicated that he was shocked that the Pennsylvania Medical Society did not mention anything about the State PDL on their website, and Meghan said that it was mentioned by one of their advocates that they were not taking a position on the State PDL at the time.			
Education Materials and Initiatives	Meghan indicated that information was sent out regarding Heart Failure education material as part of the MegaReg requirements.	Motion to approve by Dr. Weinberg, and second motion by Dr. Sharp – No opposition - Motioned Approved		Meghan McNelly
FDA Update	Indication that this section is intended as informational only and no vote is necessary.	No action taken.		Meghan McNelly
Medicaid Policy Guideline	A Medicaid summary table is included in this area and will need to vote on this as a group, since these policies are currently active policies that the committee previously approved; however, the policies must receive updated revision dates. This update to the revision dates are the only change to each of these policies and are required by an NCQA annual review mandate.	Motion to approve by Dr. Weinberg, and second motion by Dr. Grillo – No opposition - Motioned Approved		Meghan McNelly
State Prior Authorization (PA) Guideline	Though a formality, a committee vote is required to adopt the State’s PA Guideline. We are asking for approval to adopt these guidelines to attempt to expedite the process of forwarding these to the EPS PA Team for preparation of the PAs being submitted during the State PDL notification period. Ultimately, once we have moved outside of making and creating more than 400 new PARPS at any given time, and tapping into our policy SME, Bill Baker, we will be able to put more emphasis on education, adherence measures, etc..., and use these resources to generate other quality metrics.	Motion to approve by Dr. Weinberg, and second motion by Debbie Rose – No opposition - Motioned Approved		Meghan McNelly

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NCQA Documents	We are currently going through a NCQA accreditation process. A portion of the process surrounds submitting all State Approved policies that the Plan is currently using that meet requirements for accreditation. It has been brought to our attention that EPS conducts some of our internal procedures internally and at a plan level. We are using Two (2) Corp EPS policies (Pharmaceutical Management & Drug Recall Notification) as part of our accreditation process and this is also a step that has already been approved during EPS's accreditation process. PHW Pharmacy utilizes both of these policies, which is why they were elected to be included.	No action taken.		Meghan McNelly
Fraud, Waste & Abuse (FWA) Review	We currently review the Top 25 Reports from both provider and participant perspectives, as well as, an overall spends. As more data is captured, we are focusing more on trends but remain focused on capturing outliers in areas where we do not have adequate trending data. Our Finance Dept. is leading the way in this area. While we found no PTPs via the Top 25 Reports, we did identify 2 PTPs via our Claims & Reject Report that were utilizing PA Medicaid services outside of the State of PA on a relatively consistent basis. This was brought to the attention of the Bureau of Program Integrity at the State for further review.	No action necessary, Informational only. – No questions or comments raised.		Meghan McNelly
Complaints & Grievances Overview	<p>Meghan referenced a spike in Q2_2019 that was driven by June 2019, with 38 Grievances primarily focused around opioids. As a reminder, on June 1st State requirements on Opioid limits moved to a 50 MME daily limit & a 5-day duration and anything exceeding these limits were subject to prior authorization. This was expected and we anticipate this trend to continue until PTPs and providers become more aware of the change and adapt as required. Some areas that are impacted most are related to post-surgical pain, which could not have been foreseen.</p> <p>70 grievances were pharmacy related, of which, 27 were upheld and 43 overturned.</p>	No action necessary, Informational only. – No questions or comments raised.		Meghan McNelly
PBM Oversight	<p>Finding from areas monitored via our JOC meetings and monthly EPS phone calls include:</p> <p>PA Audit – We are currently under a CAP with the State, in addition to a QI with PHW and EPS, specifically regarding their PAs. We are monitoring 100%</p>	No action necessary, Informational only. – No		Meghan McNelly

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of all PAs coming through the EPS system. Iris Krug and Meghan McNelly sit on a weekly call with the EPS Senior Leadership Team reviewing all PAs from the prior week. Numbers of the past couple of weeks have trended in the right direction. Staff and oversight changes at EPS are believed to have promoted this move in a positive direction. In addition to the EPS oversight measures, Christina Kauffman leads our internal PHW Pharmacy department oversight efforts. Of 50 audited PA charts 48 were found to be accurate, one chart used the incorrect policy, and one PA used incorrect personnel. Although the incorrect personnel were used, the Plan feels confident that her audit findings produced the same results as found by EPS and that the system is in check.

Dr. Grillo offered input regarding the greivances, with the first stating that the EPS PA Team renders a high number of denials prior to the provider submitting all of the details necessary for a full review. He said that a large number of cases were simply missing pieces of information on the day of the review that were provided the following day and he feels that the info should be considered during the review process in order to reduce the sheer volume of grievances. Dr. Weinberg responded to introduce a measure that is in the planning stage at the plan level, which will serve as a pre-look prior to cases moving into the grievance stage. This point between the two stages will all a PHW Medical Director to review the case and based on the additional info make a determination on whether or not to overturn the decision prior to it reaching the grievance stage. This, to Dr. Grillo's point, will alleviate a significant amount of these cases. It is believed the goal for rollout of this pilot program is Aug. 1st, 2019. The second issue are the reviews of the internal grievances, which previously were outsourced, but are now assigned to the Plan Medical Directors and have now increased to about 8-15 weekly with most being drug related. Will these remain with the internal MDs for review? Dr. Weinberg responded that pending response to the G&A team with a minor task and the available bandwidth with the outside agency the reduction should be very soon, possibly within the next week or so. Dr. Weinberg's ask of Dr. Grill is for him to carry the torch on the Pre-look pilot with specifics addressed offline.

questions or
comments raised.

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<p>DUR Review</p>	<p>Q1_2019 Report – Working Equiv. Benchmark – 29 PTPs identified as Chronic (all on the report monthly for the qtr.), which are reviewed for appropriateness and documented; Multiple Opioid Prescribers (Any PTP w/ >3 opioid prescribers) 13 PTPs identified as Chronic (none on the report monthly/qty), which identified several cases involving prescribers in the same center/office/physicians group; Drug, Disease & Contraindication - 15 PTPs (5 new versus increase in previous qtr.) identified as having dementia and being prescribed anti-psychotics. Outreach efforts were completed via letters & faxes; Long-acting B-agonist (LABA) monotherapy – 10 PTPs identified with Asthma or COPD, 1 PTP termed/1 repeat PTP that was already contacted/5 false positives/ final 3 PTPs communications w/ the provider to recommend the addition of an <u>Inhaled CorticoSteroids</u> (ICS) or alternative therapy that they believe to be most appropriate for their patient; Diabetes Underutilization of Preventative Medication identifies and monitors patients that have not been prescribed an ace inhibitor or angiotensin receptor blockers – 142 PTPs (41 w/ prior outreach/ 61 w/ ACE or ARB order or in use, or PTP has since termed, and we reached out to the remaining PTP’s providers to request feedback on alternative therapy that they believe to be most appropriate for their patient.</p> <p>Dr. Grillo asked if there have been any responses to the request for ACE/ARB feedback and Patrick stated that a few have been received (5 back from Q4_2018). Dr. Grillo’s concern is that there are contraindications to these drugs for some diabetics and as a provider; I receive these type of communications from insurers. Are we receiving any pushback and how are we dealing with it if so? In reviewing, Patrick said that of those returned responses, there have been varying responses that run the gambit (i.e. - 2 additions – 1 switched from an ACE to ARB, the other was not a candidate at this time). Dr. Grillo recommended building in a few qualifiers prior to sending letters (ex. crosscheck GFR, by code indicate the CKD stage or potassium levels). Meghan interjected and offered to schedule time with Dr. Grillo to further discuss this topic prior to sending out the next wave of letters, to which Dr. Grillo agreed.</p>	<p>No action necessary, Informational only.</p>		<p>Patrick Newsome</p>
<p>Open Discussion</p>	<p>No Comments from the Committee, however Meghan did thank the PHW Pharmacy Team for their hard work in preparing for the quarterly meeting.</p>	<p>No Action</p>		

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Next Meeting	The next meeting is scheduled for Wed., Oct. 16, 2019 from noon – 1:30 pm 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 1:07 PM.	Meeting adjourned at 1:07 PM		Meghan McNelly

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