

Special Pharmaceutical Benefits Program Advisory Council
Thursday, July 25, 2019
10:00 A.M. – 12:00 P.M.
Web Conference Call

| Topic/Discussion | Action |
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| <u>Introductions, Announcements & Updates:</u> John Haines | Began 10:05am |
| <p><u>Introductions:</u> SPBP Advisory Council Members, staff, and guests introduced themselves.</p> <p>Members Present: John Haines, Kathleen Brady, Jerry Coleman, Rebecca Geiser, Margaret Hoffman-Terry, Angela Kapalko, David Koren, Leah Magagnotti, Deb McMahon, Mimi McNichol, Meghan McNelly, Rob Pompa, William Short, Wayne Williams, Michael Witmer, Cindy Magrini</p> <p>[Members Absent: Arthur Williams, Heyzabeth Vaughn]</p> <p>Guests: Jeannie Ong, Caroline Becker, Cecilia Ferris, Richard Smith, Carina Haverstrike, Nicole Reisner, Rob McKenna, Tammy Keener, Lisa Barrett, Jeffrey Kirchner, Michael Hellman, Sara F</p> <p>Department of Health Staff: Cheryl Henne, Lindsey Pitten, Christine Quimby, Kyle Fait, Sean Hoffman, Monisola Malomo, Jill Garland</p> <p>University of Pittsburgh Staff: David Givens, Scott Arrowood, Brian Adams</p> | 10:05am |
| <p><u>Announcements/Updates:</u> John Haines</p> <ul style="list-style-type: none"> • Next meeting for SPBP AC will be in person meeting at the Radisson Hotel Harrisburg on Thursday, October 24th from 10:00 AM to 3:00 PM • SPBP is fully staffed. The Division of HIV/Care Section has a few openings including clinical quality manager and 2 project officer positions • A few updates to SPBP website including the drug formulary that was updated July 1st <ul style="list-style-type: none"> ○ Dovato added to coverage list effective May 16 ○ Added updated list of covered contraceptives; all types as long as they have 340B Rebate Agreement • SPBP Online Enrollment system is called MRx Enroll. A case manager portal is still in development from the vendor particularly related to security. There is no current timeframe to share. • Pharmacy Disallowance Project initiated on November 1, 2018 uses a vendor to notify pharmacies of claims that should be submitted through primary insurance. The purpose is to recover funding that should have been covered elsewhere. During this pilot period notifications went out and the claims amount to over \$1.4 million, some of which may be returned to SPBP after the primary insurance is billed first and then noncovered cost is resubmitted to SPBP. | 10:10am to 10:22am |

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| <ul style="list-style-type: none"> • HRSA site visit issue: The requirement to recover funds from Medicaid if the client's been given retroactive Medicaid coverage when SPBP paid the full cost up front. Currently looking at using our current recovery vendor HMS. Next HRSA site visit is early 2020, which gives some time to work on this. • Regional grievance process using the customer service line: It is going through the communication approval process and then will be distributed to regions and then providers. No implementation date at this point. • Based on the request made from a member, the updated coverage for contraceptives will be sent to: advisory council distribution list, Ryan White part C and D providers, and a case manager list. | |
| <p><u>Approval of previous minutes</u></p> <p>Previous minutes had been circulated and one needed change is the year at the top is wrong, it appears as 2018 and should be 2019.</p> | 10:22am to 10:23am |
| <p><u>Data & Quality Management Update: Sean Hoffman</u></p> <ul style="list-style-type: none"> • Summarizing the rolling year for July 1, 2018 to June 30, 2019 <ul style="list-style-type: none"> ○ Total enrollment or clients enrolled at any time during that period is up to 8778, increase of 150 ○ Total clients served is 7850, up 25 from last time ○ Clients with case managers is 6418 (73.1% of enrollees) • Enrollment snapshot is consistently the same, no change • Top 10 drugs <ul style="list-style-type: none"> ○ BIKTARVY has taken top spot over GENVOYA ○ BIKTARVY has grown drastically in the past four quarters ○ SYMTUZA has appear first time as #8 • SPBP weekly expenditures graph <ul style="list-style-type: none"> ○ Top green line shows cardholders and has been a steady increase, about 6.6 clients a week ○ Red is approved original claims and blue line shows total funds requested. (They slowly creep up and spike at beginning of year and then decrease as people meet their deductible) • Retention Tracking <ul style="list-style-type: none"> ○ Express Enrollment seems to have knocked disenrollment down. Its early to say, but between Q1 and Q2 2018 there was a drop in re-enrollment. ○ There was discussion about whether the data on disenrollment can be broken down to regional or demographic groups. Yes it can. • ADR (ADAP Data Report) got in on time in June. • Working on new system of receiving Careware data from providers <ul style="list-style-type: none"> ○ Reworking the Clinical Quality Management Program • Part B and ADAP Monitoring Survey due August 12. | 10:23am-10:37am |

Fiscal Update: Lindsey Pitten

10:37am-10:45am

- Grant Year ended in March.
- Just under \$108 million spent 2018 Ryan White Grant year
- \$63.5 million expenditures

| Expenditures | FY 2018-19 SPBP |
|-------------------------------|---------------------|
| Drug Claims | \$53,614,884 |
| Claims Admin | \$839,035 |
| Medicare Claims (Parts C & D) | \$499,357 |
| RW Grant Admin | \$2,764,013 |
| RW Lab Testing | \$310,067 |
| Regional Expenditures | \$5,382,400 |
| Total Expenditures | \$63,409,756 |

- After counting various commitments, as allowed by HRSA, we will request a carryover of \$7 million which is an improvement in the right direction from last year where \$10 million was carried over
- Comparison from year to year:

| Expenditures | FY 2017-18 SPBP | FY 2018-19 SPBP | To Date |
|-------------------------------|---------------------|-----------------|----------------------|
| Drug Claims | \$72,177,695 | | \$80,760,911 |
| Claims Admin | \$949,357 | | \$2,292,514 |
| Medicare Claims (Parts C & D) | \$246,257 | | \$670,817 |
| RW Grant Admin | \$2,930,017 | | \$3,354,246 |
| SPBP RW Testing | \$310,856 | | \$310,067 |
| Regional Expenditures | \$14,944,357 | | \$14,750,335 |
| Total Expenditures | \$91,558,539 | | \$102,138,890 |

- Total expenditures went up slightly from 2017 to 2018
- Overview of the 2019 Ryan White grant year spending
 - Not much to report yet.
 - Many commitments for this year have already been counted and not included this year. Carry-over not been requested yet.

- HPG activity: Next up is Stakeholder Meeting in State College on July 31st. It is intended to have Rural focus as the first Stakeholder meeting was urban focused.
 - Expecting 50 to attend with 25 logged on remotely, the first time the meeting will engage people to participate remotely.
 - Agenda will include information about HPG, Integrated Plan, the Division of HIV Disease, and a regional spotlight on local providers - AIDS Resource and Caring Communities
- Next HPG meeting is September 11 and 12th
 - Stakeholder Meeting summary and debrief
 - Intersectional Planning re: HOPWA
 - Planning update on racial disparities and intersectional planning, and the statewide media campaign
 - Now that we are down to 4 meetings a year, the agenda is robust
- SPBP Materials – Draft of New Brochure



- After approval it will be translated into Spanish
- Will also continue to do a postcard on the data successes of SPBP
- Request was made to send Draft Brochure to Program Eligibility Management Committee before it goes through Communication Approval. It was agreed to do so.
- Disease Surveillance Requirement group recommends transfer from PA NEDSS to a NEDSS Space system. Estimated time frame is 15 - 24 months.
- Media Campaign started June 24 and is running currently through August 31.
 - Budgeted at \$1.45 mil
 - 30 second spots on Facebook, Instagram, Twitter, Google, Hulu, and Spotify
 - Goal to have over 67 million impressions
 - The ads direct to the PA Dept of Health website; we'll be looking at visits to page from the campaign
 - The landing page directs people to regional pages and information.
 - Video spots were viewed at the meeting

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| <ul style="list-style-type: none"> • Minority AIDS Initiative Update (MAI) Final Numbers: April 1, 2018 to March 20, 2019: <ul style="list-style-type: none"> ○ Service units provided to MAI clients: 12,304 ○ Number of clients served: 712 ○ Clients enrolled in SPBP through the MAI: 101 ○ Majority of targeted goals for program year exceeded! ○ Focus now is to expand the capacity of the program to bring more people into care. • LGBTQ work group <ul style="list-style-type: none"> ○ Working on events in October for LGBTQ history month ○ Movie showings with guest speakers and looking to do a drag show and ball • Pa. DOH Accreditation (PHAB). Accreditation process went very well and now looking to streamline it make it as efficient as possible. • DOH Symposium Workgroup: Symposium is on track for October 10 in Harrisburg. A call for abstracts has gone out and those coming in are being reviewed. | |
| <p><u>Subcommittee Reports and Discussion:</u> Margaret Hoffman-Terry</p> <p>Drug Formulary & Lab Services</p> <ul style="list-style-type: none"> • New Drug Additions was sent out prior to all Advisory Council members. <ul style="list-style-type: none"> ○ No comments or questions; List was approved unanimously • New Drug Exclusions was sent out. <ul style="list-style-type: none"> ○ No comments or questions; List was approved unanimously <p>No other subcommittee updates</p> | 11:08am-11:12am |
| <p>Question to the group for any client feedback about the online SPBP applications process: Uploading things have been a problem reported by a few patients. It was suggested to add the word “Upload” to the upward arrow. It was also noted that the instructional video is still waiting to be posted. Patients should also be advised to use the helpline who will walk people through. It was requested to give notice when the instructional video is posted. It was also suggested to add a confirmation message at the end of the upload process to remind people. It was agreed to look into anything at the end to conduct some kind of final check on documents.</p> <p>Adjourn</p> | 11:12am-11:21am |