

**Wednesday, February 21, 2018**

<b>PCAG Member Attendees</b>	<i>Bob Schwartz, Christina Harlow, Robert Penney, Paul Reiss, Tim Tanner, Deborah Wachtel, Valerie Rooney, Sharon Fine</i>
<b>GMCB Attendees</b>	Michele Lawrence, Pat Jones, Tom Pelham
<b>Other Attendees</b>	<i>Stephanie Winters, Vermont Medical Society; Dr. Josh Plavin, Brian Murphy, BCBSVT</i>
*italics denote phone participation	

1. Welcome & Introductions
  
2. Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication, and specialty services
  - a. Brian Murphy presented on radiology denials for PCPs vs. specialists and also provided detailed information on EMRs with formulary information (*see slide presentation*). A key takeaway noted was that PCP's had greater percentage of prior authorizations that were impacted (denied or withdrawn) for both radiology and pharmacy. It was noted that PCPs must know more medications, and potentially use less advanced imaging but for more reasons. Cost avoided was similar (slightly more for PCPs); total is about \$5.0 million.  
 Real time benefit checks for prescriptions being rolled out by SureScripts for ExpressScripts and other Pharmacy Benefit Managers (PBM), with price transparency (BCBSVT and MVP use SureScripts). Prescription checks will start in March and will implement by EHR (Epic is one of the first, possibly as soon as April). Brian offered to provide EHR dates. In theory, approvals will occur instantaneous. Denials have to go to medical director, because of Rule 9-03. This is part of the response to the administrative burden statement that insurers signed onto nationally. Providers noted that some of the options for less expensive medications are not therapeutically the same as the original medication. Brian notes that BCBSVT is on ExpressScripts advisory board.  
 Dr. Tanner asked about how 340B for FQHCs would work. Brian noted that BCBSVT still pays the same for the 340B facilities; it's the extra margin that goes to the FQHC or other 340B facility – in other words, the price of the drug is lowered to the facility, not to the health plan. Deb asks about whether it would connect with VPMS.
  - b. **Action Items:**
    - i. GMCB to reach out to Medicaid regarding participation in price transparency pilot.
    - ii. PCAG members to send Michele EMR vendor. Michele will compile list and send to BCBSVT.
    - iii. GMCB to reach out to VDH regarding the VPMS vendor – complete 2/22/2018.

3. Review New Membership protocols
  - a. It was decided that physicians and/or practitioners interested in joining the group would be permitted moving forward. At a time when the PCAG is codified in statute, the group may choose to explore the development of a charter and/or bylaws.
  - b. **Action Items:** None noted.
  
4. Legislative Updates
  - a. Michele updated the group on legislation, including PA bill (H. 652), funding for AHEC loan repayment (HHC has asked House Appropriations to reinstate that funding and to also reinstate primary care case management fee), PCAG continuation. Deb noted that VMS has put together a letter on provider representation on GMCB. Tom asked if House Appropriations has certain health care experts – Stephanie said Kathy Keenan on AHEC funding, and Dave Yacavone for Medicaid primary care case management fee. It was noted that there has been limited traction in HHC on the prior authorization bill.
  - b. **Action Items:**
    - i. GMCB will send link to House Appropriations Committee membership.
    - ii. Group will begin to connect with SHW members regarding their prior authorization proposal as crossover is fast approaching.