

Wednesday, May 17, 2017

PCAG Member Attendees	Christina Harlow, Fay Homan, Leo Kline, Paul Reiss, Robert Penney, Tim
	Tanner, Valerie Rooney, Mark Peluso
GMCB Attendees	Kevin Mullin, Susan Barrett, Michele Lawrence
Other Attendees	Dr. Josh Plavin & Brian Murphy, Blue Cross Blue Shield of Vermont
*italics denote phone participation	

1. GMCB updates/PCAG Updates

a. Discussion: Kevin Mullin, newly appointed Chair of the GMCB, introduced himself to the group and outlined the board nomination process. The group expressed concern with the lack of provider experience on the Board. With a seat becoming vacant in September of 2017, he encouraged the group to get as many providers as possible to apply to the position once it is posted.

Susan informed the group of the pay parity and provider landscape work taking place at the GMCB.

b. Action Items:

- PCAG to re-submit letter to Governor Scott and Nominating Committee members
- ii. Michele will let group know when Board position is posted
- 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. Discussion: Dr. Josh Plavin, CMO of BCBSVT and Brian Murphy, Director of Vendor Management for BCBSVT joined the group to discuss their prior authorization (PA) processes and procedures. Robust discussion amongst the group from both the physician and payer perspective ensued. It was noted that several steps have been implemented by BCBSVT to date, including: three-year PA as opposed to one year, and a 14-day fill at the pharmacy if a prescription is denied. Providers were very interested in the "Gold Card Program" utilizing a bell curve to identify providers who fall outside normal PA practices, and rewarding those whose orders are rarely denied with a gold card, or "pass". This system would be under constant evaluation to be sure there was no abuse of the program. Additionally, this program would give insurers the authority to revoke privileges.

It was noted that tracking PA data more closely at the provider and practice level will help to identify the real problems and associated costs as "you can't manage what you don't measure."

BCBSVT also noted several pilot studies underway in VT and will return later in the fall to update the group on progress.

b. Action Items:

- i. Group to explore common formulary with BCBSVT
- ii. Group, with the help of insurers, to explore mandating approved PA's to transfer with coverage
- iii. Michele to invite DVHA/Medicaid to an upcoming meeting

3. Adjourn