

**Renal Disease Advisory Committee (RDAC) Meeting Minutes
January 23, 2009**

**Advisory Committee and Subcommittee
Members Present:**

**Robin Asick, MSW, LSW
Ruth Jeannerat, R.N.
Marcy Saunders
Dr. Robert Gradzki
Dr. Lleras Samuels
Dr. Jose Bernardo (via phone)
Bernard McGovern, R.Ph.**

Members Absent:

**Dr. Kevin Ho
Dr. Aktar Khan
Tina Scipio, Pharm.D.**

Formulary:

Bernard McGovern, R.Ph. (chair)
Judith Dooley, R.Ph.
Ruth Jeannerat, R.N.
Lleras A. Samuels, M.D.

Strategic Planning:

Robin Asick, MSW, LSW (chair)
Bernard McGovern, R.Ph.
Ruth Jeannerat, R.N.
Jose F. Bernardo, M.D.

Patient Services:

Jose F. Bernardo, M.D (chair)
Marcy Saunders
Cindy Paret
Robin Asick, MSW, LSW

Medical Services:

Ruth Jeannerat, R.N. (chair)
Robert Gradzki, M.D.
Lleras Samuels, M.D.
Akhtar Khan, M.D.
Gail Flannery
Kevin Ho, M.D.

Department of Health Staff:

Janice Kopelman, Deputy Secretary for Health
Promotion and Disease Prevention

Melita Jordan, Director
Bureau of Family Health

Carolyn Cass, Director
Division of Child & Adult Health Services

Kelly Holland, Public Health Program Manager
Division of Child & Adult Health Services

Luann Cartwright, Renal Program Administrator
Division of Child & Adult Health Services

Terri Matio, Director
Bureau of Administrative and Financial Services

Marlene Henkin, Special Assistant
Office of the Secretary

Rachel Hammond, Assistant Counsel
Office of Legal Counsel

Department of Aging

Tom Snedden, Director
Bureau of PACE

Rose Paulus, Program Analyst
Bureau of PACE

First Health Services Staff:

Judith Dooley, R.Ph.

Public:

Joy Russell, Roche
Dom Argento, Amgen
George Revella, Amgen
Helen Jones, Amgen
Kevin Morrow, Amgen
Lisa Glus, Genzyme
Karen Franks, Genzyme
Jennifer Mysel, Genzyme
Michael Rooney, Citizen of the Commonwealth

WELCOME AND INTRODUCTIONS

The meeting was called to order by Ms. Asick at 10:10 a.m. Introductions and affiliations of those present were made.

APPROVAL OF PRIOR MINUTES

Corrections to the minutes were noted. The Department agreed to send the updated minutes, with attachments, to the RDAC within one week. Minutes were approved with changes.

Social Worker Meeting with MA

Ms. Asick attended a meeting with the Department of Public Welfare (DPW) to discuss Nutritional Supplements. Ms. Asick stated that Medical Assistance (MA) requirements recently changed for nutritional supplements. New prescriptions now require prior authorization and the social workers are seeing that the authorizations are inconsistent. The prior authorization process takes four to six weeks to approve and during this time, patients are being referred to the Chronic Renal Disease Program (CRDP) for their nutritional supplements. Ms. Asick said that MA is committed to streamlining the process and removing barriers to care. The RDAC agreed that MA is better for patients, as there are no co-pays and the supplements can be delivered to the patient's home. Ms. Jordan will be discussing this with MA to make sure they are paying for services. DOH staff indicated that they are now requiring a denial from MA before a CRDP cardholder, who is receiving MA, is approved for nutritional supplements.

DEPARTMENTAL/BUREAU UPDATES

Ms. Jordan announced the resignation of Mr. Dennis Ebright, effective January 12, 2009. A plaque was presented in recognition of his service, and will be sent to him since he was unable to attend the meeting.

Ms. Jordan indicated that the CRDP staff are working on conference and community events as discussed at the previous meeting.

Budget

The current CRDP budget for State Fiscal Year 2008-2009 is \$5,275,000 and expenditures through 01/06/09 are \$2,961,932.07. Ms. Jordan indicated that various cost savings measures have been implemented, including the RDAC recommendation of removing Renagel® and adding Renvela® to the CRDP formulary and the step therapy approach to Actos and Avandia, which was approved by the Secretary of Health. Other cost saving measures included:

- Alterations to Nutritional Supplements covered by CRDP;
- For CRDP cardholders, who are receiving MA, a denial from MA must be submitted prior to nutritional supplements being approved through the CRDP.

Ms. Jordan held a conference call with the Centers for Medicare and Medicaid Services (CMS) on January 22, 2009 to discuss the challenges of Medicare Part B coverage, specifically, pharmacies not having the correct procedure codes. During the call CMS agreed to send the DOH the appropriate codes. The call included all levels of CMS staff and CMS noted this is not a Pennsylvania specific problem. Ms. Dooley will be the contact person and disseminate the information.

Ms. Asick questioned if these cost saving measures will be enough. Ms. Matio stated that she feels the cost savings measures will work, and while the numbers will be close, she feels at this time the Program will not go over budget. Ms. Kopelman stated that she and Ms. Jordan meet frequently and are closely tracking the expenditures. Adjustments are being made as needed and this process will continue.

Ms. Asick asked to review the difference in years past with regard to the budget. Ms. Matio explained PPA costs are increasing, specifically the hospital and dialysis costs, and there has been a cardholder increase. Ms. Cass stated transportation users and costs have remained stable. The average costs for medical claims are increasing and the DOH is still looking at why this is. Ms. Jeannerat stated some of the procedure codes are outdated, and utilizing the correct codes may help. Ms. Jordan suggested looking at what specific services are being paid for will also help in the evaluation of the increased costs. Ms. Cass proposed the codes on the CORE Fee Schedule be provided to the Medical Services and Strategic Planning Subcommittee. The Department will also provide a report to the subcommittees of the codes that are most utilized. The CRDP also has mechanisms to determine if MA should have paid for any of these services and do a recovery of funds. This is already done on the PACE/Pharmaceutical side of the program.

A request was made to have Ms. Matio do a budget refresher at the next meeting to explain the line item breakouts.

FOLLOW-UP ISSUES

Ambulance Services

Since 2005, only seven patients used an ambulance for transportation to dialysis. CRDP claims processors are verifying if patients have MATP coverage prior to enrolling in the CRDP Transportation Program. The Program Administrator is granting exceptions, albeit rare. There has been one out of

thirty, as MATP was not feasible, so the patient was permitted to continue using the CRDP Transportation Program.

Appeal Process

The CRDP Appeal Process (offered when enrollment is denied) is a three step process. CRDP staff is working on a flow chart which will provide an explanation of the appeal process to the RDAC. This document is in the final stages and will be handed out at the next meeting.

Diagnosis Codes

At the October 24, 2008 meeting it was decided the CRDP should be using the same diagnosis code list as CMS for a matter of consistency. A handout of the codes being used by CMS was provided in today's meeting packet and has been posted to the CRDP website. The list has also been included in the 2009 CRDP application. A letter notifying providers and facilities of the changes will be mailed out by First Health shortly.

Recommendations to Formulary

All recommendations made by the RDAC and previously mentioned by Ms. Jordan under the Budget Update, were approved by the Department of Health's (Acting) Secretary James.

Co-Chair Election

The position of RDAC Co-Chair was left vacant when Ms. Asick was elected as the RDAC chairperson. CRDP staff suggested the election of a co-chair on an interim basis until an election in the fall. Ms. Ruth Jeannerat was nominated and elected as the co-chair.

Nutritional Supplements

The following nutritional supplements were removed from the CRDP Formulary: ReGen, EggPro, and Albumax. Supplements added, through the exception process were: Liquacel, ProSource Liquid, ProSource Liquid No Carb, ProSource Protein Powder, and ProSource Protein Pops. These changes were made to create a cost savings for the program. The effective date of the changes was January 6, 2009. CRDP staff will be updating the nutritional toolkit on the CRDP website to reflect these changes.

Pharmacy Changes

The amount the CRDP pays pharmacies to dispense prescriptions will change from average wholesale price (AWP) minus 10%, plus dispensing fee, to AWP minus 12%, plus dispensing fee. This is in line with the PACE Program.

Social Worker List

In an attempt to better disseminate information about the CRDP in a timely and uniform manner, an email address list of social workers is being created. The list would contain approximately 300 social workers in various clinics and so far, approximately 75 have been contacted. CRDP staff will be working with First Health, and a letter requesting email addresses will be generated. The letter will also be sent to dietitians, requesting an email address. The Nutritional Supplement Toolkit is one item to be sent via the email address list.

Minutes on the DOH/CRDP Website

It was suggested at the last RDAC meeting that meeting minutes be posted on the website. A formal recommendation was made for this to occur and the RDAC voted in favor of posting minutes to the website. The minutes would be posted after the RDAC approved the minutes. CRDP received approval from legal counsel for RDAC meeting minutes to be posted to the website. Ms. Asick asked if the Annual Report could be posted to the web site, and Ms. Jordan indicated that while this information is on

the Governor's Report on State Performance, located at www.state.pa.us, she would look into posting the report to the CRDP website.

RDAC SUBCOMMITTEE REPORTS

Formulary Subcommittee

No formal recommendations were made at this time.

Patient Services Subcommittee

A formal subcommittee wasn't held during the past quarter. A request for a new chair person was made since Ms. Asick, the former chairperson now chairs the RDAC and Strategic Planning Subcommittee. Dr. Bernardo agreed to chair this subcommittee. It was suggested a dietician be added to the subcommittee, and then noted that Cindy Paret, a current member, is a dietician. If necessary, a social worker could be added.

Ms. Asick and Mr. McGovern recommend Arthur Kibbe, a former member, be re-appointed to the RDAC, Dr. Samuels second the recommendation.

Ms. Asick provided handouts on World Kidney Day, slated for March 12, 2009. She wants Pennsylvania to have a day to coincide and asked if the RDAC was interested in planning this for next year to have a more uniform approach. The National Kidney Foundation has information about World Kidney Day on their website.

Ms. Asick asked for an updated list of the RDAC members to include addresses, phone numbers and email addresses.

Ms. Asick passed out talking points and encouraged everyone to contact the Governor and their Legislator about the importance of this program. She will email talking points to the RDAC.

Medical Services Subcommittee

The CRDP fee schedule, currently on line, was reviewed. The HCPCs codes that are no longer valid were deleted. If there were codes that replaced those deleted, they were added to the CRDP fee schedule. The subcommittee feels there may be additional codes that need to be added. This will require a formal recommendation. More data will be required to make a recommendation on costs/usage and the subcommittee will do some research. Ms. Asick will research what lab services are covered by Medicare.

Strategic Planning Subcommittee

The subcommittee will meet before the next RDAC Meeting in April.

FORMULARY UTILIZATION REPORT

Changes to pharmacy procedures, as previously mentioned and the MA edit have been implemented. These procedures will decrease the cost of services. Ms. Asick questioned how rebates affect the program and Ms. Dooley indicated they do help the program, but we only get rebates when the CRDP is the primary payer.

PRESENTATION ON PACE

Mr. Tom Snedden did a presentation on Medicare Part D and included a Power Point Presentation (Attachment 1). A budgetary handout was also provided showing expenditures and cost saving initiatives. The Renagel/Renvela change will take approximately 90 days to implement. The changing of nutritional supplements will save about \$10,000.

Ms. Asick questioned what is considered taxable vs. non-taxable income. The CRDP guidelines consider social security as taxable income. Mr. Snedden explained that PACE has a very broad income definition. It's the DOH's responsibility to identify what/how to consider income; if the CRDP does not mirror PACE, increases in program cost and enrollment must be considered. Ms. Jeannerat indicated there are issues when someone loses a job early in the year and then has to wait an entire year to be eligible. Ms. Cass stated that it's the Department's policy to use prior year's income and if eligibility guidelines were changed, the Program would be over budget and other changes would be necessary.

PUBLIC COMMENT

When writing the Governor regarding issues about the CRDP, it is helpful to copy General Assembly Committee Members on letters. Ms. Asick will provide a list of the specific names of the members and will disseminate the list and addresses to the RDAC.

NEXT MEETING

The next RDAC is scheduled for April 24, 2009 at 10:00 a.m. in room 327, Health and Welfare Building.

Adjournment



Chronic Renal Dialysis Program and Medicare Part D

Thomas M. Snedden (tsnedden@state.pa.us)
Director

Pennsylvania PACE Program
(www.aging.state.pa.us)
(Under "Prescription Assistance")

Presentation to
Renal Disease Advisory Committee

January 23, 2009



CRDP Benefits and Copays

Benefit Structures for Cardholders Enrolled in
Medicare Part D Partner Plans...

- ✓ First Dollar Coverage
- ✓ No Coverage Gap
- ✓ Open Pharmacy Network
- ✓ Low Co-pays

Consumers pay 12% of Cost

Consumers pay 15-16% of Cost

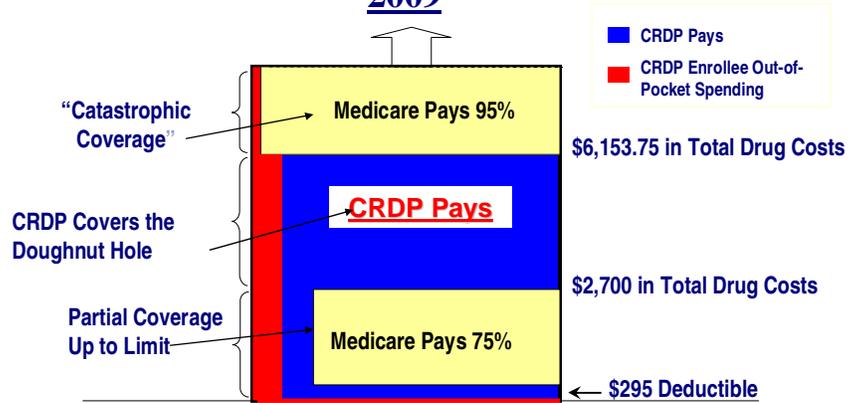
CRDP

CRDP Pays Part D Premium
\$9.00 Copay for Brand Name Rx
\$6.00 Copay for Generic Rx

≤ \$26.59 for 2008
≤ \$29.23 for 2009

CRDP Medicare Prescription Drug Benefit

2009



CRDP Partner Part D Plans & Premiums

- AmeriHealth Advantage
RX Option 1

\$28.60

Assigned: 233

2

- MemberHealth Community CCRx
Basic

\$25.40

Assigned: 657

0

- RxAmerica Advantage Star Plan

\$27.80

Assigned: 317

0

- First Health Premier

\$28.70

Assigned: 268

9

- United Healthcare AARP
MedicareRx Saver

\$22.40

Assigned: 1,100



Part D Plans Interested in Signing Agreements

For CRDP enrollees, program pays premium amount up to \$29.23 per month.

- Aetna
 - Bravo Health
 - Coventry Advantra
 - Envision Insurance Company
 - First Health Life & Health Insurance
 - Geisinger Indemnity Insurance
 - Geisinger GOLD Rx
 - Highmark Inc. – Freedom Blue
 - Highmark Senior Resources - BlueRx
- 2**
- IBC – AmeriHealth HMO
 - IBC – Keystone Health Plan East
 - IBC – Personal Choice 65
- 0**
- Keystone Health Plan West
 - MemberHealth’s PDPs
 - Other than the “Basic Plan”
 - PA Life Insurance Co.
- 0**
- RX America
- 9**
- United Healthcare (AARP)
 - UPMC Health Plan



How CRDP Auto Assigned...

- ✓ Reviewed Enrollee Drug Usage for Past Year
- ✓ Reviewed the Enrollee Pharmacy Choice
- ✓ Reviewed Formulary and Network for Each Partner Plan
- ✓ Make the most Cost Effective & Comprehensive Prescription Plan Choice for the Cardholder