



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)
March 15, 2010 Meeting Notes**

Board members present: C. Conover, S. Feigenholtz, A. Fisher, R. Lubelchek, J. Lynn, M. Maginn, J. Maras, B. Max, B. Moran, R. Rivero, B. Schechtman, and M. Williamson

Board members present by conference call: P. Langehennig

Excused Absences: S. Dolan, D. Graham, G. Harris, P. Moss-Jones, D. Munar, E. Noel, S. Tear, and O. Torres

Unexcused Absences: D. Berger

Guests: M. Barrett, K. Bovid, P. Dacko, M. Diaz, W. Dozier, C. Egues, M. LaFond, A. Larry, J. Mcnamara, G. Metelica, J. Peller, G. Rigoni, P. Setlak, R. Stewart, M. Sullivan, R. Vaskovsky, G. Whitney, M. Woltholt, and D. Yamashita

Illinois Department of Public Health (IDPH) Staff: L. Kasebier

Dr. Jeffrey Maras called the meeting to order at 1:05. Dr. Maras welcomed attendees and reminded attendees of the rules. Guests were in the audience and by telephone, in accordance to the open meeting act. Guests were asked to hold questions until the end of the meeting. Dr. Maras emailed handouts prior to the meeting. Attendees were reminded to print the handouts and bring with them in order to reduced wasted paper. The meeting began with roll call of board members.

The first topic on the agenda was a review of the minutes from the February 22, 2010 meeting minutes. A board member requested to have absent attendees noted as excused or unexcused.

Motion to approve: M. Maginn

Second: B. Moran

Agree to approve the minutes: All

Disagree to approve: None

Abstain from the vote: None

Clay Keene from CVS Caremark presented a review of the CVS Caremark responsibilities and description of the administrative/dispense fees. Mr. Keene stated that although he is not able to provide hard copies of his presentation, the presentation will be available on line as a WebEx presentation. Those that wish to have access to the WebEx, please contact Dr. Maras for details of the WebEx presentation.

Questions from the group are as follows.

Question: Who is the pharmaceutical wholesale provider for ADAP?

Answer: Dr. Maras: Amerisource Bergen

Question: How can we obtain third-party payer insurance information on clients?

Answer: Dr. Maras: ADAP is attempting to obtain access to a third-party database, but it may only provide access to about 30 percent of the insurance providers clients may have. The major problem with these types of databases is that they require users to search by the client's insurance identification number, instead of social security numbers. Most third-party insurance information will come from self-disclosure. ADAP does require two pay stubs and insurance information is often detected through this means. Obtaining client's third-party insurance information is the biggest hurdle facing ADAP.

Question: How often has ADAP determined that an existing client has private insurance?

Answer: Dr. Maras: ADAP found five clients in the last five months that had private insurance and did not disclose their insurance at the time of application.

Question: How many shipments are sent to clients?

Answer: Mr. Keene: Usually only one shipment is sent per client. Medications requiring refrigeration, such as Norvir, are sent in the same package, but have a separate compartment with an ice pack.

Question: What percentage of insurance companies allow back billing?

Answer: Mr. Keene: CVS is very successful in back billing. ADAP has a 30-day conditional approval to determine insurance status. CVS has a 100 percent success rate so far in obtaining insurance information in this 30-day period.

Dr. Maras: ADAP has found five clients in the previous five months with insurance and were able to back bill for all five.

Representative Feigenholtz recommended working with the Department of Insurance to obtain private insurance status and information and offered to coordinate the discussion.

Question: Does CVS verify refills with all patients?

Answer: Mr. Keene: Yes, two attempts per patient are made to verify refill needs. If CVS is unable to contact, the decision is left to ADAP whether to refill the prescription or not.

Question: How can we verify medications are being used and not wasted?

Answer: Dr. Maras: We are working with Dr. Conover on this issue, who received national guidance. ADAP is working within the acceptable wastage ranges. ADAP is also working with other programs and facilities who have good compliance programs to see what models can be shared and the internal operational measures.

Mr. Keene: Illinois is the only state that CVS dispenses for that allows delivery to clinics. The other five state CVS dispenses for only allows shipments directly to clients.

Question: What is the dollar amount associated with shipping to clinics?

Answer: Mr. Keene: The dollar amount is unknown at this point.

Question: Who has ownership of medications delivered to clinics?

Answer: Dr. Maras: The Department is seeking guidance on this issue and working on a policy. As it stands currently, the Office of Pharmacy Affairs and State Board of Pharmacy state that the medications belong to the client that the drugs were dispensed.

Question: Has ADAP considered allowing more than one month of refills?

Answer: Dr. Maras: ADAP has explored this issue with other states and the trend is not to allow refills beyond 30 days as there is greater wastage due to regimen changes, lost drugs, and non pickup.

The next agenda item reported on the activities of the formulary subcommittee. Dr. Conover distributed handouts from the formulary subcommittee activities and reviewed the report. Dr. Conover noted two corrections to the handouts.

- Page 2, line 13: the number of clients should be 657 not 158
- Page 2, line 19: the number of clients should be 1 not 91

A motion was made to approve the changes as indicated under section a from the formulary subcommittee handout dated 3/15/10. The board had several questions before the vote.

Question: Are we going to allow a grandfather clause for the clients on these medications?

Answer: No, these medications are not life threatening. No grandfather clause is needed.

Question: How will ADAP carry out the change in the formulary?

Answer: ADAP will write a letter indicating the starting date of the formulary change and the changes to the formulary. Clients and providers will be notified. Many of the deleted drugs on the formulary have alternatives on the formulary or cheaper alternatives not on the formulary. ADAP can provide information on other drug programs available for alternative drugs.

Question: How long will the transition period be?

Answer: Two months, in order to allow for communication to providers and clients.

Question: What will the pre-approval process be?

Answer: Dr. Conover will research the previous pre-approval process and work with Dr. Maras.

Motion to approve the changes as recommended by the formulary committee from the handout dated 3/15/10, with communication to clients, physicians, case managers and a time period as defined by CVS to deplete the current inventory:

Motion to approve: A. Fisher

Second: R. Rivera

Agree to approve: All

Disagree to approve: None

Abstain from the vote: None

Section b of the Medical Issues Subcommittee report was referred back to the subcommittee for further discussion.

Section c of the Medical Issues Subcommittee report was referred back to the subcommittee for further discussion.

The next agenda item was a review of the mission statement and bylaws, along with guiding principles from an email sent by D. Munar on March 15, 2010.

The group made the following recommendations.

- The first guiding principle should be to have a safe environment for the discussion of sensitive topics in a respectful and professional atmosphere.
- When changes can be made without impacting client care, we should not need to wait for benchmarks.
- One board member does not want to establish triggers or thresholds for action plans and work on program efficiencies for the first six months.
- If the program is managed correctly, ADAP can operate within the current budget, efficiently and with client's best interest taken into consideration.
- Grant management responsibility and fiscal stewardship require ADAP to discuss cost containment measures now, without forecasting doom and gloom. It is more responsible to have these discussions now and create protocols, instead of having to create cost containment measures in a hasty and rash manner.
- The first guiding principle should be to be prepared, be ready, and have forecasting in case action is needed.
- Several board members agreed on pre-planning and to have protocols in place with information available.
- The second guiding principle should be effectiveness and efficiency: have the greatest cost savings and lowest cost available for clients while maintaining care, in accordance with HRSA guidelines.

- Questions were raised regarding the responsibility to clients already on ADAP and the responsibility of providing grandfather clause to current clients. HRSA has questioned ADAP on current grandfather clauses and the Department will need to discuss grandfathering with HRSA for their guidance.
- The third guiding principle should be on the continuity of care for those who are or have been ADAP clients.
- We need to allow flexibility between doctors and clients.
- We need to consider impact of client's first.
- The group asked for details on 340B buy-in: Is it allowable in Illinois? Is there a 340B spend-down? Is the participation fee based on family income and/or family size? We will need to check with HRSA for guidance.

The group then recommended that D. Munar review his points, rephrase the items to make them more precise and condensed.

Dr. Maras informed the group that HRSA has offered to provide technical assistance at no charge to assist the state in these discussions. HRSA can be here for the meeting in April.

The group recommended that the guiding principles be referred to the mission and bylaw subcommittee in order to prepare 3-4 guiding principle for review at the next board meeting.

Dr. Maras reviewed the changes to the mission statement. The group made the following recommendations.

- In the third bullet point, delete "fraud and abuse prevention and consequences."
- In the third bullet point, add "fiscal stewardship."

Motion to adopt the mission statement with the deletion of "fraud and abuse prevention and consequences" and addition of "fiscal stewardship:"

Motion to approve: A. Fisher

Second: B. Schechtman

Agree to approve: All

Disagree to approve: None

Abstain from the vote: None

Dr. Maras then reviewed the changes to the bylaws. The following are comments and questions by section of the bylaws.

Article I Membership:

- How should the board implement section 1-2 regarding terms of members so that all terms do not become available at the same time? A suggestion was made to have a lottery. The issue was referred back to the mission and bylaws subcommittee.

Article II Meetings:

- Section 2-1 should have meetings at least three times per year. The group agreed to leave the requirement in the bylaws the same but agrees to meet at least three times in the next fiscal year.

- Clarification is needed on the *Open Meetings Act* and the number of participants needed for a quorum.
- A recommendation was made to post the agenda on the IDPH web page and on HIV Care Connect website. Dr. Maras will need to check the *Open Meetings Act* for the requirements.
- A recommendation was made to include excused absences on the minutes.

Article III Officers:

- The Department is looking at having a parliamentarian.
- The suggestion to have a court reporter for the minutes was denied due to the cost.

Article IV Conducting Business:

- Section 4-1 defines a quorum as a majority of the appointed advisory board members. What number is a majority? Dr. Maras will check.
- Section 4.7, second line should have “or” instead of “of.”
- Section 4.8 should have one standing subcommittee instead of working subcommittee.
- Section 4.8 should have “formulary issues subcommittee” instead of “formulary and medical issues subcommittee.”
- The group recommended changing the order of items: current section 4.7 should be 4.8 and current section 4.8 should be 4.7.

Article V Remuneration and Reimbursement:

- Bill Moran is working on how to accomplish this section.

Article VI Amendments to Bylaws:

- This section should include an annual review of bylaws for updates.

The motions regarding bylaws and co-chair for the ADAP Medical Issues Advisory Board (AMIAB) was tabled until the next meeting so the mission and bylaws subcommittee could review the issues listed above.

The next agenda item was the current status of ADAP. Dr. Maras recommended moving the discussion to the next meeting and discuss one cost-containment measure per meeting. The board had the following questions and comments.

- How was the projection of \$20 million to \$26 million determined on page four? The projection follows the trend determined by past expenditures and projecting it out with a 95 percent confidence interval. Each month, ADAP add the current month’s expenditures so the projection becomes a little more realistic.
- The \$950 cost per client per month is the 2009 average. Some clients have higher costs per month and some clients have lower costs per month.
- On page five, the GRF figure of \$9.6 million was the amount received in SFY2010.
- A board member recommended the board review the Governor’s plan to cut funding to Illinois Cares Rx as it will impact ADAP. ADAP has already started to review that issue and will have an impact/issues paper in the next couple of weeks. Dr. Maras will bring the paper to the next board meeting.
- The group requested the data request information separated into two documents: one for demographics and one for fiscal.
- The group requested data on the number of clients who have insurance at greater than 20 percent.

Dr. Maras opened the floor for guest comments.

The next AMIAB meeting is April 26, 2010 from 1 to 4 p.m.

Dr. Maras asked for a motion to adjourn.

Motion to adjourn: M. Maginn

Second: B. Schechtman

Agree to adjourn: All

Disagree to adjourn: None

Abstain from the vote: None

The meeting adjourned at 4:05 p.m.