

**Special Pharmaceutical Benefits Program Advisory Council**  
**Thursday, January 22<sup>th</sup>, 2022**  
**10:00 A.M. – 12:00 P.M.**  
**Virtual Meeting**

<b>Topic/Discussion</b>	<b>Action</b>
<p><b><u>Introductions, Announcements &amp; Updates:</u></b>  <b>John Haines</b></p> <p><b><u>Introductions:</u></b> SPBP Advisory Council Members, staff, and guests introduced themselves. David Givens delivers participation guidelines and housekeeping.</p> <p><b>Members Present:</b> John Haines, Carina Havenstrite, Margaret Hoffman-Terry, Angela Kapalko, David Koren, Leah Magagnotti, Cindy Magrini, Deborah McMahan, Mimi McNichol, Meghan McNelly, Evelyn Torres, Wayne Williams, Michael Witmer</p> <p><b>Guests:</b> Mike Hellman, Anna Barone, Erica Freedman, Cindy Snyder, Shana Colon, JP Burkhart, Michael Latady, Brandon Anderson, Michael Frederick, Charles Frey, Diaz Lupe, Michael Cullision, Colleen Downey, Richard Smith, Amanda Hodges, Jeff Funston</p> <p><b>Department of Health Staff:</b> Mari Jane Salem-Noll, Godwin Obiri, Nnenna Ezekoye, Kyle Fait, Monisola Malomo, Michelle Schlegelmilch, Erik McDowell, Moira Foster, Nnenna Ezekoye</p> <p><b>University of Pittsburgh Staff:</b> David Givens, Scott Arrowood</p>	<p>Meeting commenced at 10:04am</p> <p>10:04am to 10:09am</p>
<p><b><u>Announcements/Updates</u></b></p> <p>John Haines</p> <ul style="list-style-type: none"> <li>• 2022 SPBP Advisory Council meeting dates will be last Thursdays of January, April, July, and October.</li> <li>• No changes since last meeting and no open positions currently.</li> <li>• Drug formulary was updated for the last quarter on the website: <a href="http://www.health.pa.gov/SPBP">www.health.pa.gov/SPBP</a></li> <li>• SPBP customer service call menu options have been updated but no feedback yet.</li> <li>• New limits for an individual applying to SPBP: \$67,950 and then for each additional dependent or spanned or spouse would be an additional \$23,600 per individual within the household. Will be allowing for either individual or household income. Will be transitioning clients from 6-month enrollment to one-year enrollment and be spreading out the application reviews to balance out the burden each month.</li> <li>• Medication adherence pilot program: update to come next meeting.</li> <li>• SPBP’s annual 340B recertification starting on Monday. Certification process occurs over Jan 31- Feb 28.</li> </ul>	<p>10:10am to 10:39am</p>

<ul style="list-style-type: none"> <li>• Notification that there may have been counterfeit Gilead untampered drugs was sent from the Department of Health; there have been no issues found thus far in SPBP Pennsylvania i.e. after reaching out to the one pharmacy that may have received it was reported they only got drugs from their usual channels and there is no reason to believe counterfeit drugs have been distributed to SPBP clients. The one pharmacy was identified by Gilead through a criminal investigation and is confidential. Check the notice to see how more information may be obtained. Gilead reportedly did reach out to all pharmacies nationally to notify potentially affected patients.</li> <li>• HPG Updates: Integrated HIV Prevention and Care Plan (IHPCP) deadline rewrite has been extended due to interruptions with the pandemic. Updated federal CDC/HRSA guidance was provided last fall. Priority Setting for this planning cycle was completed at the last meeting in November; it was a 2-year process of data gathering and discussion. Priority Setting is the community input to the state about what they believe are the top priorities for prevention in care. (Update provided by David Givens)</li> </ul>	
<p><b><u>Approval of previous meeting’s minutes</u></b></p> <ul style="list-style-type: none"> <li>• Meeting minutes from October 2021 were approved with no additions or corrections.</li> </ul>	<p>Minutes were approved 10:40am</p>
<p><b><u>Outreach, Special Projects, and Minority AIDS Initiative Update</u></b> Kyle Fait</p> <div data-bbox="516 982 1084 1071" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;"><b>Minority AIDS Initiative (MAI) Update</b> <b>MAI Results: October-December 2021</b></p> </div> <ul style="list-style-type: none"> <li>• Previous MAI Quarter: <ul style="list-style-type: none"> <li>• 738 clients received outreach services</li> <li>• 501 clients received health education and risk reduction services (7 organizations provided the service)</li> <li>• 65 clients were newly identified</li> <li>• 69 were linked to their first medical appointment</li> <li>• 290 clients were linked to 2+ medical appointments</li> <li>• 99 clients were linked to 2+ medical appointments and achieved an undetectable viral load</li> <li>• 41 clients were enrolled in SPBP</li> </ul> </li> <li>• MAI Provider spotlight: Allies for Health and Wellbeing presented by guest Michael Latady. The Pittsburgh-based program has expanded both in staff and funding.</li> <li>• PA NEDSS/PA-DORS – Implementation barrier were found with PA-DORS so will be continuing to update PA NEDSS instead. Workgroup will revisit PA-DORS in 2025 if the implementation barriers can be worked out.</li> <li>• HIV Annual Conference: mini conference occurred December 7<sup>th</sup>. Topics include telemedicine across the continuum. Had about 60 attendees. Will consider another virtual conference later this year, but primarily will be planning for an in-person multi-day conference in 2023.</li> <li>• PAC systems upgrade is progressing. Magellan Health has presented several demonstrations.</li> </ul>	<p>10:41am to 11:04am</p>

- SAF for localized media, innovation, and emergency preparedness: funds distributed to regions to implement localized media campaigns (traditional and social media). (1) South Central region’s Family Health Council using ads and are on track for meeting the click-rate goals and have already reached their goal for individuals linked to HIV care. (2) Northeast using Facebook (about 800 followers) and Instagram to link to available services their regional website. (3) Southwest region Jewish Healthcare Foundation using funds to update AIDS Free Pittsburgh. Using Scruff, Grinder, and Jack’d Apps; billboards; Yellow Bridge Digital; Port Authority Transit ads
- Anti-stigma campaign 2022-23. To be conducted by the University of Pittsburgh, who has experience with past anti-stigma campaigns. About 1.3 million allocated and will be about 16 months.
- 5 Year Spend Plan Extension. The extension is expected to be granted for an additional 5 years. Currently a little less than half is spent, and we are near the end of the original 5-year period.
- Next HPG meeting is February 16th and 17<sup>th</sup>; already reviewed by David Givens earlier in the meeting.

11:05am to 11:10am

**Fiscal Update**  
Erik McDowell

- Ryan White 2020

RW 2020

Funding	RW FY 2020
SPBP Grant Award	\$26,832,592
Part B Grant Award	\$10,648,813
Carry-over 2019	\$6,574,999
Rebates	\$72,705,436
TPLs	\$3,864,449
State Appropriation	\$0
<b>Total Funding</b>	<b>\$120,626,289</b>

Expenditures	RW FY 2020
Drug Claims	\$73,294,854
Claims Admin	\$675,483
Medicare Claims (Parts C & D)	\$0
RW Grant Admin	\$4,642,383
RW Lab Testing	\$257,346
Regional Expenditures	\$11,519,248
<b>Total Expenditures</b>	<b>\$90,389,315</b>

- Ryan White 2021

## RW 2021

Funding	RW FY 2021	Expenditures	RW FY 2021
SPBP Grant Award	\$26,372,453	Drug Claims	\$ 19,319,741
Part B Grant Award	\$10,454,210	Claims Admin	\$504,944
Carry-over 2020	\$7,757,799	Medicare Claims (Parts C & D)	\$163,473
Rebates	\$96,529,570	RW Grant Admin	\$3,754,463
TPLs	\$7,026,895	RW Lab Testing	\$105,653
State Appropriation	50	Regional Expenditures	\$6,939,595
<b>Total Funding</b>	<b>\$148,140,927</b>	<b>Total Expenditures</b>	<b>\$30,787,869</b>

- No questions.

## Clinical Quality Management Update

Michelle Schlegalmilch

11:10am to 11:18am

### 2021 CQM Performance Measures

Category	Performance Measure Indicators
Outpatient Ambulatory Health Services (OAHS)	HIV Viral Load Suppression, Chlamydia Screening, Syphilis Screening, Hepatitis B Screening, Hepatitis C Screening & Annual Retention in Care
Medical Case Management (MCM)	Prescription of HIV Antiretroviral Therapy, HIV Viral Load Suppression & Annual Retention in Care
Food Bank/Home Delivered Meals	HIV Viral Load Suppression
Housing Services	Housing Status, HIV Viral Load Suppression
Health Education/Risk Reduction (HERR)	HIV Viral Load Suppression
AIDS Drug Assistance Program (ADAP)	ADAP Application Determination

- To be presented to HPV in February

### 2021 Performance Measures

Indicator	1 <sup>st</sup> Quarter Review, 2021	2 <sup>nd</sup> Quarter Review, 2021	3 <sup>rd</sup> Quarter Review, 2021	4 <sup>th</sup> Quarter Review, 2021
<b>Outpatient Ambulatory Health Services</b>				
HIV Viral Load Suppression	290/312, 93%	335/387, 87%	337/389, 87%	
Chlamydia Screening	179/539, 33%	291/482, 60%	358/523, 69%	
Syphilis Screening	315/539, 58%	380/482, 79%	464/523, 89%	
Hepatitis B Screening	43/539, 8%	61/482, 13%	62/523, 12%	
Hepatitis C Screening	207/539, 38%	192/482, 40%	197/523, 38%	
Annual Retention in Care	Not Available	324/387, 84%	324/389, 83%	
<b>Medical Case Management</b>				
Prescription of HIV Antiretroviral Therapy	800/3587, 24%	719/4399, 16%	632/4140, 15%	
Annual Retention in care	Not Available	673/1116, 60%	673/1116, 60%	
HIV Viral Load Suppression	353/389, 91%	1001/1116, 90%	994/1116, 89%	
<b>Food Bank/Home Delivered Meals</b>				
HIV Viral Load Suppression	94/100, 94%	471/518, 91%	473/521, 91%	

### 2021 Performance Measures

Indicator	1 <sup>st</sup> Quarter Review, 2021	2 <sup>nd</sup> Quarter Review, 2021	3 <sup>rd</sup> Quarter Review, 2021	4 <sup>th</sup> Quarter Review, 2021
<b>Housing Services</b>				
Housing Status	6/94, 6%	20/124, 16%	31/258, 12%	
HIV Viral Load Suppression	5/7, 71%	17/18, 94%	17/18, 94%	
<b>Health Education/Risk Reduction</b>				
HIV Viral Load Suppression	3/4, 75%	129/142, 91%	129/142, 91%	
<b>ADAP</b>				
ADAP Application Determination Report Period: 4/1/20-3/31/21	251/252, 100%			

• Ryan White Part B CQM Quarterly reports include data collected from Rebates, Emerging Communities (EC), Minority AIDS Initiative (MAI) & Special Pharmacy Benefits Program (SPBP).  
 • The 1<sup>st</sup> Quarter 2021 report does not include data from Northwest Alliance-Clarion region & UPHC Presbyterian ShadySide (PHF region). The 1<sup>st</sup> Quarter 2021 data was updated 6/28/2021 to reflect the inclusion of The Wright Center (LWRW region). The 6/28/2021 update does not include any revisions to the viral load comparison data for CAREWare and surveillance data used for the CQM Workgroup focus on Medical Case Management, Viral Load Suppression.  
 • All Viral Load Suppression Performance Measure Indicators were revised to reflect reference to "at least 1 medical visit" in the data parameter. A "medical visit" is defined as being "at least 1 Outpatient Ambulatory Health Service medical visit."  
 • "12-month calendar year" referenced in the CQM Plan has been revised to reflect "measurement year."  
 • For the 1<sup>st</sup> Quarter 2021 data a preceding 12-month viral load lookback for Medical Case Management clients in both CAREWare and surveillance data was used. Beginning in the 2<sup>nd</sup> Quarter 2021 data all Viral Load Performance Measure Indicators will include a preceding 12-month lookback in CAREWare and surveillance to determine the most recent viral load test.  
 • The data parameters for the Retention in Care Performance Measure Indicators (OAHS & MCM) were clarified to reflect the inclusion of a viral load test. Beginning 2<sup>nd</sup> quarter 2021, the Retention in Care Performance Measure indicator will include a preceding 12-month lookback in CAREWare.  
 • The 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarter 2021 data does not include OAHS data from Mazoon (AAOC region).

- 2021 Quality Improvement Project: purpose to gauge effectiveness of medical case management. Tool used was Viral Load Suppression.
- CQM workgroup comprised of internal and external stakeholders, including HPG members. Total of 16 members with 2-year commitment.

CQM Workgroup, Quality Improvement Project : MCM, Viral Load Suppression		
1 <sup>st</sup> Quarter 2021, RW Part B Data	2 <sup>nd</sup> Quarter 2021, RW Part B Data	3 <sup>rd</sup> Quarter 2021, RW Part B Data
A total of 3,348 clients received MCM services 1/1/2021-3/31/2021.	A total of 4,399 clients received MCM services 4/1/2021-6/30/2021.	A total 4,140 of clients received MCM services 7/1/2021-9/30/2021.
Of the 3,348 clients served 1,144 clients met the criteria for this Performance Measure & had a documented viral load in either CAREWare or surveillance during the preceding 12 months (34%).	Of the 4,399 clients served 1,116 clients met the criteria for this Performance Measure & had a documented viral load in either CAREWare or surveillance during the preceding 12 months (25%).	Of the 4,140 MCM clients served 1,116 clients met the criteria for this Performance Measure & had a documented viral load in either CAREWare or surveillance data during the preceding 12 months (27%).
Of the 1,144 clients tested 1,026 had a HIV viral load <200 copies/mL, most recent VL test result used (90%).	Of the 1,116 clients tested 1,001 had a HIV viral load <200 copies/mL, most recent VL test result used (90%).	Of the 1,116 clients tested 994 had a HIV viral load <200 copies/mL, the most recent VL test result used (89%).

2022 CQM Performance Measures	
Service Categories	Performance Measure Indicators
Special Pharmaceutical Benefits Program (SPBP)	HIV Viral Load Suppression
Medical Case Management (MCM)	Retention in Service
Food Bank/Home Delivered Meals	Retention in Service
Overall	HIV Viral Load Suppression
Overall	Linkage to Ryan White Part B Services

- Last week was first CQM meeting of the year
- Allies goal: to increase viral load suppression from 92 to 95%
- UPMC goal: to increase viral load suppression from 85 to 93%

c+e Collaborative, Combined Data			
Provider	Performance Measure	Report Period	Outcomes Data
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	Overall Viral Suppression Measure	2/1/2020-1/31/2021	1489/1745, 85.32%
		4/1/2020-3/31/2021	1507/1758, 85.72%
		6/1/2020-5/31/2021	1551/1761, 88.07%
		8/1/2020-7/31/2021	1584/1763, 89.84%
		10/1/2020-9/30/2021	1538/1728, 89.00%
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	Viral Suppression Age Measure, 40-64	2/1/2020-1/31/2021	933/1092, 85.43%
		4/1/2020-3/31/2021	935/1091, 85.70%
		6/1/2020-5/31/2021	967/1097, 88.14%
		8/1/2020-7/31/2021	891/1089, 81.81%
		10/1/2020-9/30/2021	952/1061, 89.72%

## Update of SPBP Website

Nnenna Ezekoye

- 45% of calls are about eligibility which is main focus of update
- Purpose:
  - Make the website more usable and easier to navigate
  - Increase information provided
  - Use person-centered language
  - Improve internet search results
- Current Draft of website update

**Special Pharmaceutical Benefits Program**

The Special Pharmaceutical Benefits Program (SPBP) assists individuals living with HIV to obtain medication, pay for some laboratory services, and provide premium assistance with selected Medicare Part C and D plans.

**Sign up for SPBP Updates**

**Eligibility**

To be eligible for SPBP, individuals must:

- Be residents of Pennsylvania,
- Have a gross annual income of less than or equal to 500% of the federal poverty level,
- Have a diagnosis of HIV, and
- Not be eligible for pharmacy services under the Medical Assistance (Medicaid) Program.

[Income Quick Reference Guide \(Effective 1.13.21\)](#)

**Application**

Individuals can apply online.

[Enroll online](#) [Inscribere en linea](#)

[Online Application Tutorial](#)

## Website Updates

**MRx Enroll: Initial Enrollment**

**MRx Enroll: Express Re-Enrollment**

Watch on [YouTube](#)

Magellan

11:19am to 11:39am

<ul style="list-style-type: none"> <li>• Is at 11 grade reading level which is relatively high but lower than it was.</li> <li>• Additional material was scrolled through as part of the proposed draft for the website: information of denials and appeals, contact info, additional healthcare resource, Advisory Council meeting minutes and communications; clarification that SPBP is ADAP (which helps those searching not familiar with PA HIV drug assistance).</li> <li>• Comment from group: social workers have reported having trouble accessing MRx with Chrome browser, even though that is the preferred browser.</li> <li>• Recommendation: change “residents” to “people living in PA” since one may not be legal resident but may qualify if they live in PA.</li> <li>• Draft will be circulated and reviewed. Final draft will have to go through communications approval process.</li> <li>• Goal for reading level should be 6<sup>th</sup> grade.</li> </ul>	
<p><b><u>Subcommittee Updates</u></b></p> <p>Drug Inclusions and Exclusions Margaret Hoffman-Terry</p> <ul style="list-style-type: none"> <li>• Inclusion and Exclusion list were presented</li> <li>• Recommended that weight loss drugs be included.</li> <li>• Motion to accept the inclusions and exclusions as presented. Seconded. All in favor, none against and Wayne Williams abstains</li> </ul>	11:40am to 11:48am
<p>No other subcommittee updates or final comments</p> <p>Next meeting is April 28, 2022. Virtual at 10am-Noon</p>	11:49pm
<p><b><u>Adjournment</u></b></p>	John Haines adjourned the meeting at 11:50pm