

**Formulary Committee Meeting
Minutes**

Tuesday, September 26, 2018 9:00 am

In attendance (9): Celeste Ackerman, Julia Brennan, Kristine Ediger, Michele Fairclough, Bri Lake, Adrienne McLean, Bill Wheeler, Karen Wiles, and Cindy Zimmerman

On the web (11): Leslie Dalpiaz, Jennifer Hepfner, John Schumpert, Monica Sanchez, Ken Eichler, Adam Fowler, Lisa Anne Bickford, Jean Branscum, Maggie Cook-Shimanek, Doug Buman, and Becky Curtis

- I. Bill Wheeler outlined the changes from the 8/1/2018 draft to the new 9/21/18 draft including:
- i. NEW RULE I - new definition of “claim” in (1)
 - ii. NEW RULE I - added definitions from 24.29.1401A that apply to formulary and U&T
 - 1. Renumbering because of changes
 - iii. NEW RULE IV - “when prior authorization is required”
 - 1. (4) lead in language has been clarified regarding liability and that payments are to be in accordance with 39-71-727, MCA insurers payment of claims (generic vs. brand name)
 - 2. (5) more clearly defines when prior authorization is and isn’t needed with (b) (i) and (ii) from former “first fill” rule
 - 3. Renumbering due to the above changes
 - iv. Removal of “first fill” rule (was NEW RULE V)
 - v. NEW RULE V – Legacy Claims (was NEW RULE VI) added the minimum requirements for the notice for legacy claims in section (2)
 - vi. NEW RULE VI - remove “business” from 14 days as it was inadvertently added in. TN and TX use calendar days and calendar days is consistent with most other sections in rule.
 - 1. Examples: NEW RULE II (2); NEW RULE IV (5); NEW RULE V (3) (b); 24.29.1593 (5)
 - 2. Exceptions: NEW RULE IV (7) is 3 business days for prior authorization; NEW RULE VI (6) is 3 business days for expedited case review
- b. Comments on draft rules:
- i. Bill Wheeler did not receive any comments from the Governor’s Conference by September 15th requested deadline
 - ii. Adam Fowler suggested that NEW RULE V (2)(d) should be changed to a more general contact for the insurer
 - 1. Bill Wheeler thought changing “adjuster” to “examiner”
 - 2. Doug Buman thought if it was too general it would make it difficult for the injured worker to get in contact with the insurer
 - a. Others were in agreement it shouldn’t be a “1-800” number
 - iii. Michele Fairclough representing Montana State Fund (MSF) commented:
 - 1. In NEW RULE V (5)(b) MSF objects to “N” drugs being allowed on first fills, and feels it is confusing to injured workers and providers as after the first fill, only “Y” drugs will be allowed

2. MSF also feels there should be clarification in the NEW RULE V (5)(b) that this only applies to accepted claims and if liability has not been determined the injured worker may be liable for any charges if the claim is determined to be not compensable

II. Education and Outreach

- a. Cindy Zimmerman created a one-pager for information on the drug formulary
- b. Webinars will be made available on ERD's formulary web page including:
 - i. A guide for ODG
 - ii. Explanation of rules
 - iii. Information on transitioning
 - iv. Integration of the U&T guides with the formulary
- c. Current updates to the formulary page include:
 - i. ODG formulary
 - ii. Most current draft rules
 - iii. Sample notification letters for insurers
- d. Presentations will also be given at medical conferences across the state including MSFs
 - i. Jamie from ODG will be assisting with outreach at no charge
 - ii. Doug Buman asked that a presentation be given to the AFL-CIO

III. Next Steps-

- a. Mark Cadwallader will move forward in developing a final draft
- b. After final is drafted, the rules will be sent to NCCI for pricing
- c. Tentative timeline for filing:
 - Filing date: Oct. 9, 2018
 - Publication date: Oct. 19, 2018
 - Mailing dates: Oct. 16-22, 2018
 - Public hearing: Nov. 9, 2018
 - Comments close: Nov. 16, 2018
 - File date: Dec. 11, 2018
 - Publish date: Dec. 21, 2018
 - Effective date: Dec. 22, 2018
 - Applicability date: April 1, 2019 and April 1, 2020