MERCER
Government Human Services Consulting

State of Connecticut Prescription Services Study

Questions and Answers

Questions	Answers
1. When will the study start?	A request is being sent to the health plans now for formulary information. Once that is received, Mercer will begin building the migration lists.
2. When will it be completed?	This will depend on the outcome of further discussions within the Committee as to what will be included in the Study. There is a general timeline included in the Mercer correspondence of 1/11/07. We are attempting to shorten that time period by modifying the steps as is described in the answer to Question #1.
3. In the 1/11/06 correspondence, reference is made to the following categories of drugs: Acute, Behavioral Health, Maintenance and High Cost Drugs. Please provide a definition of each category and, if not inclusive, please identify how Behavioral Health drugs will be isolated from the Acute and Maintenance categories.	Behavioral health drugs will be isolated from the other drugs to avoid double counting of claims. While the definitions have not been finalized, they should approximate the following: Behavioral Health Drugs – Drugs used for alcohol deterrents, anxiety, ADHD, bipolar effective disorder, depression, insomnia and psychosis. Acute Drugs – Drugs generally used to treat acute conditions such as antibiotics, pain relievers and steroid creams. Maintenance Drugs – Drugs used to treat chronic conditions such as hypertension and diabetes mellitus. The category for high cost drugs will be duplicative of the other three categories. Using the same data, Mercer will apply an average threshold monthly cost (as yet to be determined) to analyze whether the results vary by cost.

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4. Will the study involve a sample or review all denials/rejections for the stated period (7/1/06 - 12/31/06)?	The Study will include all rejections within the time period.
5. Will the study review denials or rejections, or both? If rejections, please confirm that the review of rejections will be limited to unique rejections.	Only rejections are being included in the Study and will be limited to unique rejections.
6. Will Mercer differentiate rejections that were for prior authorization or for Drug Utilization Review (DUR)? A DUR reject would reject for a quantity limit.	Those prescriptions rejected for a quantity or frequency requiring prior authorization will be included in the Study. Those rejected for drug interactions, will not be included.
7. May we review the migration lists before the next step of the study is begun?	Yes.
8. For specific differences when it comes to drug selection, will the plan have a rebuttal opportunity, if needed? If there are three drugs in a class and the health plan used a fourth alternative drug in the same class, would that be an issue or will the study look at all meds in classes as in an open formulary?	When the lists of migration drugs are created, they will be inclusive of all alternative drugs in the class, formulary and non-formulary. Depending on the prior authorized drug, the migration list could also include drugs in another class that could potentially be used as an alternative or step therapy. For example, the migration list for Prevacid could include not only the other PPIs, but also the H-2 blockers, because they are often required as step therapy prior to use of a PPI.
9. May we see the preliminary report with the individual cases reviewed and have a chance to respond before the final report is published?	The draft report will be shared for review and comment prior to the final report being published.

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10. Will each plan be given a "report card" type of summary?	The results of the study will be presented in aggregate and also by health plan. "Report Card" is not an appropriate term, because the goal of the study is not solely to see how the health plans are handling prior authorizations per se, but to see what happens when a claim rejects due to a prior authorization and what is the time frame for it to be resolved. The breakdown, if present, could be caused by an issue at the health plan, the pharmacy, the physician's office, a member generated issue or a combination of factors. The Study will look at the prevalence of the problem and if possible, identify where the breakdown is occurring.
11. Other than the 1/11/07 correspondence to DSS from Mercer detailing at a high level the study methodology, are there any other communications/documentation that discuss/describe the methodology? It appeared on the call with the sub-committee, that there was more information available than the health plans were aware of. If so, we would respectfully request such.	DSS has already shared documents related to the study with the workgroup members. Mercer is in the process of updating the proposal document to reflect input from the workgroup. This document will also be shared with workgroup members.