Behavioral Health Partnership Oversight Council <u>Coordination of Care Subcommittee</u>

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"This subcommittee will work with the DSS and the four HUSKY plans to identify and monitor key issues in assuring close coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of the health plans. These include primary care, specialty care, pharmacy, and transportation."

Meeting Summary: February 27, 2008

Sheila Amdur chaired the meeting for Connie Catrone, chair of the Subcommittee Next meeting: March 26, 2008 at 2:30 PM (date may change due to schedule conflict)

Summary of the meeting agenda items: *Department of Social Services*

- ✓ Mercer Pharmacy study: Rose Ciarcia (DSS) requested from Mercer a date when the pharmacy study will be available for the SC. Nan Jeannero (Mercer) responded that there were staff changes on the project; however the Prescription Services Study is complete and Mercer expects to send it to DSS by the end of February 2008.
- ✓ Pharmacy carve-out to the Medicaid Preferred Drug List (PDL) implementation: There have been problems in the implementation of the PDL that was originally designed for adult FFS clients. For example, diagnosis is required on script for stimulants. If it is not included the pharmacy message on the local pharmacists screen indicates "not covered" and temporary supply in some cases is not dispensed. DSS will continue to work with local pharmacists on HUSKY PDL rules. Continue discussion in March SC meeting. (See email below from Dr. Mark Schaefer (DSS BHP) regarding clarification of PDL rules).

Feb. 14, 2008 email from Dr. Mark Schaefer clarifying rules for temporary supply drugs.

I promised to check with our rx experts regarding rules that govern temporary supply. The following are statements of fact:

- 1) PA is required for "brand medically necessary" and drugs prescribed that are not on the "PDL"
- Psych drugs are <u>exempt</u> from PDL related PA, but are subject to "brand medically necessary" PA
 For psych drugs, a temporary supply is only issued when PA is required for "brand medically
- necessary"
- 4) Some clients thus may not get a temporary supply when Rx is denied because:
 - a. diagnosis is required but was not provided (typically required for stimulants) or when
 - b. prescription violates optimal dosing rules

Typically, the pharmacist is expected to contact the physician if there's an issue, although clearly there are reports that clients may leave without a prescription. We are in the process of taking steps to educate

- ✓ HUSKY transition, Value Options co-management and FFS integration with CTBHP: Current Co-management:
 - CTBHP/VO reported on current co-management cases from Health Net (8 cases), WellCare (5 cases) CHNCT (52 cases) and Anthem BCFP (17cases).
 CTBHP/VO final meeting with Health Net is 2-25-08 and the next meeting with WellCare is 3-24-08.

CTBHP and defaulted HUSKY members:

- DSS and CTBHP and VO will be meeting monthly to review coordination of care for HUSKY cases defaulted into FFS. There will be further discussion at the March SC meeting as plans are developed.
- The exiting plans (WellCare & Health Net) will provide DSS with their comorbidity cases to ensure connection to CTBHP.
- DSS is in the process of assessing HUSKY provider enrollment in the two remaining plans and Medicaid FFS.

CTBHP/VO & the Transition

- VO has sent a letter to BHP providers regarding the transition.
- ValueOptions will talk with families using BHP services about their connection to their medical providers and Peer Specialist will outreach to members to explain the transition choices.
- ✓ Transportation for BHP clients

Jody Rowell (Clifford Beers Clinic) reported she has been working with Legal Aid on transportation problems (i.e. late appointment pick-ups, no-show of the cab). Clients are being asked to complete a postcard about their transportation problems. Council staff and an intern will accept the postcards and aggregate the comments by themes for the SC Chair and Logisticare for resolution of transportation problems. Logisticare monitors their local transportation vendors who keep a record of client "no-show" for the ride (the vendors do not get paid for 'no-shows"). Logisticare now has a GPS system that can tract the cab at any point in time.