Behavioral Health Partnership Oversight Council
Coordination of Care Subcommittee

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The Subcommittee will work with DSS, DCF, ValueOptions and the HUSKY plans to identify and monitor key issues in ensuring 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 and transportation services.

Meeting Summary: June 26, 2008

Co-Chairs: Connie Catrone & Sharon Langer

Mercer Pharmacy Study Draft Report

Mercer Staff participated in a phone conference call with the subcommittee participants to review the results of the Prescription Services Study.

Study purpose: "The scope of Mercer's review was to determine the extent to which members, whose prescriptions have originally been rejected at the pharmacy due to lack of prior authorization or because a drug is not covered, do not ultimately receive the prescribed medication or an alternative medication".

Basis of data in the report: Mercer's retrospective review of each of the 4 HUSKY MCOs (Anthem, Health Net, CHNCT & WellCare) pharmacy claims utilization data from the health plans' pharmacy benefit managers from Nov. 1, 2006 through Jan. 31, 2007.

Key data elements

Of total claims (total claims filled plus total claims rejected and not filled) within the reporting period, the key data elements included:

- Percentage initially rejected claims (an indication of the number of meds subject to prior authorization and/or not covered by the HUSKY program).
- Percentage of rejected claims not subsequently filled
- Time lapse for the pharmacy to fill the prescription after the initial rejection.

Overall results average across four plans:

- Average percent of total claims that were initially rejected across the 4 MCOs: 3.6%
- Average percentage of total claims that were rejected and never filled was 1.3% with a range of a low of 0.6% to a high of 1.4% of total claims.
- Mercer identified factors that influenced the findings that are outside the MCOs' control included pharmacy, practitioner and member related variables.

Subcommittee Participant questions/comments:

- ✓ The variables Mercer identified that influenced the results were based on global

experience.

- ✓ Mercer will review & clarify (page 8) claim rejection because "the drug is not covered"
- ✓ What was the basis of 14-day time period to determine if a script was filled after initial rejection at the pharmacy. Mercer based this on their team expert judgment and that Medicaid regulations allow 14 day PA review and there had been SC agreement to 14 days, with average # of days looked at. Mr. Toubman thought the study was to look at time periods of 24 hours, 1 week and 14 days. Mercer will look at feasibility of breaking down the 14 day time period into shorter intervals.
- ✓ CT's percentage of rejected claims (3.6%) compares with national commercial/Medicaid plans (1 -3%). There have been no documented studies of Medicaid only studies.
- ✓ Since the study is based on claims data, cannot distinguish temporary supply claim from PA approved claim.
- ✓ Mercer's recommendations were developed with the knowledge that Medicaid pharmacy has been 'carved-out' with rules different from MCO formularies. For example the Medicaid Preferred Drug List does not require "first line therapy" in the PA process.

This is a ***draft report*** released by the DSS Commissioner: Rose Ciarcia asked for SC feedback regarding the report (i.e. clarification points, etc) before the ***final report*** is released.
Next steps:

- SC participants review the written report including recommendations in light of the carve-out and send written comments/questions to Connie Catrone/Sharon Langer no later than JULY 16th. The Co-Chairs will send on the comments to DSS for transmittal to Mercer.
- Share the final report with the BHP OC and request updates to this SC on the children's BH drugs prescribing patterns that the DCF Psychiatric Medication Advisory Committee work group will be looking at for the BHP.
- Given the results of the Medicaid Mercer study, consider how the report format would apply to and inform pharmacy access for commercial plans.

HUSKY/Charter Oak Plan (COHP) Transition

The DSS presentation at the June 13 MMCC was distributed. Rose Ciarcia stated that this morning (June 26) two of three plans signed contracts with DSS. Highlights of discussion:

- COHP applications will be accepted July 1 with member enrollment to begin August 1st depending on the time it takes for the applicant to complete application.
- ACS will receive 'quick-start' applications, make a pre-determination for HUSKY, SAGA or COHP and inform the applicant.
    - DSS will look into citizenship documentation requirements for COHP, since DSS will be applying for Medicaid 1115 waiver for COHP & SAGA.
    - Will there be a separate agreement or BHP provider contract amendment for COHP behavioral services under CTBHP? A provider bulletin will be sent out to BHP providers.

- DSS confirmed the agency will call HUSKY providers in each MCO network to identify if they are taking new patients or continuing with their existing Medicaid patients only as part of assessing MCO/county network adequacy.

- HUSKY members that do not choose a plan will be defaulted into one of the three 'new plans' at the end of the county phase-in process. At that point Anthem and HUSKY FFS non-choosers will be defaulted into one of the 3 plans on a rotating basis.

CTBHP/ValueOptions: Co-management of HUSKY & CTBHP members.

Sandy Quinn (VO) provided information on the 1Q08 co-management numbers. CTBHP/VO has met with the new plans, revised their co-management referral form and will be meeting with the three HUSKY plans' staff in the coming weeks. Points of discussion included:

- CTBHP/VO will be doing an adult study on perinatal care/depression and VO referrals.
- Going forward, in addition to this targeted study on co-management, the SC may have a discussion on measurement of co-management effectiveness (i.e. connection to BH services, or member access to medical services that VO identified as needed).

The Subcommittee thanked Connie Catrone for her tireless and effective leadership of the Subcommittee, expressed their sadness that she can no longer serve on the Council/SC and encouraged her to continue to participate in the SC when her time permits. A Co-Chair will be identified to work with Sharon Langer.

Next meeting: July 23, 2:30 PM in LOB Room 3800. The new MCOs will be invited to attend the July meeting but begin attending regularly starting in September. Agenda will include information from CHDI on primary care/behavioral health integration initiatives. DCF was requested to provide information on DCF children's access to services and VO interface with DCF in the fall.