



***Behavioral Health Partnership
Oversight Council Coordination of Care Committee
Council on Medical Assistance Oversight
Consumer Access Committee***

Legislative Office Building Room 3000, Hartford CT 06106
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Co-Chairs: Christine Bianchi, Sharon Langer & Maureen Smith
BHPOC & MAPOC Staff: David Kaplan and Olivia Puckett

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and Charter Oak Health Plan receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: March 26, 2014
1:30 – 3:30 PM
1E LOB**

***NOTE SPECIAL MEETING* Next Meeting: April 23, 2014 @ 1:30 PM in
Room: 1E LOB**

Attendees: Co-chair Christine Bianchi, Co-chair Sharon Langer, Co-chair Maureen Smith, Annie Alvarez, Dr. Lois Berkowitz, Michelle Chase, Pat Cronin, Matthew Csuka, Marilyn Denny, Evelyn Dudley, Jason Gott, Robin Hamilton, Michael Harris, Sandra Iwaniec, Quiana Mayo, Sabra Mayo, Kate McEvoy, Randi Mezzy, Steven Moore, Linda Pierce, Trevor Ramsey, Bonnie Roswig, Kimberly Sherman, Cheryl Stockford, Eddie Tosado, Sheldon Toubman, and Jason Young

Introductions

Co-Chair Christine Bianchi convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:35 PM and welcomed everyone. She commented about how this was the first meeting since last fall because of inclement weather. She then spoke of the list of Consumer/Family members and the process on how they were chosen to receive stipends for attending and participating in the meetings. She asked all members to sign the attendance list and introduce themselves and she welcomed back Co-chair Maureen Smith who had been absent since last fall due to illness.

An Update on Pharmacy Prior Authorization Process in Context of Ordering Prescribing, and Referring- Evelyn Dudley, DSS Pharmacy Manager, Jason Gott, and Jason Young, HP Manager



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Evelyn Dudley (DSS) said the changes instituted for Ordering, Prescribing, and Referring (OPR) providers as required by the Affordable Healthcare Act (ACA) went surprisingly well. DSS, in coordination with the DSS Administrative Services Organizations (ASO's) has been successful with their outreach efforts to those providers identified as being not enrolled in the CT Medical Assistance Program. All Prescribing providers needed to be enrolled starting October 1, 2014, although editing had been in place for some time which alerted pharmacies when a prescriber was not enrolled. Safeguards were developed which allowed pharmacists to dispense an initial 30 day fill when a prescriber was identified as 'not enrolled'. During this window of time, extensive outreach to the client as well as the provider was conducted. If after the 30 day period the prescriber was still not enrolled, the pharmacy was able to dispense an additional 15 day supply of medication. This window of 45 days allowed the ASO's ample time to outreach to the prescriber or locate a new enrolled prescriber for the client. A question and answer (Q & A) sheet was developed to help the pharmacies answer any questions they or their customers (consumers) may have regarding this process. The Q & A sheets were distributed to all enrolled pharmacies and have been posted to the www.ctdssmap.com website. In addition, DSS developed a streamlined enrollment process for providers who would be enrolled as an OPR only and not as a full CMAP provider. This helped streamline the enrollment program and was extremely useful and successful.

Evelyn presented a flow chart of the 2013 Prior Authorization Analysis and said that pharmacies were given a one-time 14-day supply override to consumers. There were 100,000 clients who received 14-day supply. The 14-Day supplies were separated by maintenance and non-maintenance drug categories. 51,000 were for a non-maintenance drug, i.e., only filled once usually. 49,000 were one-time 14 day temporary supplies for maintenance medications. 12,016 were one-time 14-day temporary fills subsequently followed up by a manual PA or were switched to a preferred product. 28,000 were for maintenance and acute treatments, like proton pump inhibitors. Drugs are used as a needed basis, and no editing until 3rd quarter. Methodology is included in the packet. In addition, Evelyn or her staff is available to attend any future meetings to discuss this analysis in more detail or answer any further questions.

Evelyn mentioned that when prescriptions are called in by doctors, some may require prior authorization prior to dispensing to the consumer. In that case, the pharmacies are then allowed to provide a one-time 14-day fill of the medication until prior authorization is requested/granted. Co-chair Sharon Langer asked who consumers should then call to resolve this problem. Evelyn said they should contact the Pharmacy Unit of DSS at 860-424-5150, Option #6. Details on the DSS prior authorization process can be found on the www.ctdssmap.com website under the "Pharmacy" tab.

Michelle Chase had a question on oral contraceptives. Kate McEvoy (DSS) said that most

drugs are on the list and should not require prior-authorization. Kate said that she was confident that people are receiving good access, including the proper medications for women's issues too.

Evelyn said that a duplicate claim is when pharmacies try to get a claim paid and send it multiple times to Hewlett Packard (HP) for processing. If there are any further questions, they can be directed to her or her staff at 860-424-5150, Option #6.

Administrative Service Organization (ASO) Grievance Reports- Community Health Network (CHNCT), Linda Pierce (CHNCT), Steve Moore (Value Options), and Sandra Iwaniec (Logisticare)



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For content of each report, see above presentations. Co-chair Maureen Smith asked for a summary on the number of fair-hearing grievance process.

Steve Moore (**VO**) said that many times a member will withdraw the complaint before the hearing because the complaint was filed due to a misunderstanding. Every complaint is investigated.

Sabra Mayo praised **Logisticare** for improving the bus pass system. She said that passes are now arriving in time before people's appointments. Annie Alvarez spoke on behalf of Yale-New Haven Hospital on problems and issues with Non-Medical Emergency Transportation (NEMT). She said many times patients have to wait so long for a pick-up or no pick-up ride comes at all that often, YNHH pays for the fare for cab rides to return patients to their residences. She asked Sandi Iwaniec (Logisticare) if there was a system of reimbursement. The wait time to report problems is so long that many problems are just not being reported at all.

A legal aid attorney made comments about the previous complaints not getting answered, "1.) Failure to provide transportation- makes the reservation gets the confirmation number and no one shows up. 2.) Failure to provide appropriate transportation- for example, the stroller won't fit into cab, resulting in a child missing the medical appointment. 3.) Wait times are 3-5 hours, a particular problem for elderly and fragile person. 4.) Poor communication between cab and patient 5.) Long wait time for LogistiCare calls. 6.) Lack of communication between livery service and LogistiCare. 7.) Other patients in the cab, when individual is not supposed to share the ride; individual doesn't know whether to get in the cab or not" 8.) Complaints are not being responded to. There has been no status of the problems. "One person commented, "It (NEMT) was bad before [(Logisticare became the sole broker)], it is so much worse now". Kate McEvoy (DSS) said that the consolidation into one ASO is still fairly new and the problems encountered for one million rides for different venues for different health needs, is still fairly (limited) negligible. They will continue to work to provide better service. DSS is meeting with LogistiCare three times weekly and escalating all types of complaints. Robin Hamilton from LogistiCare discussed the reorganization in the

Logisticare's call center. There was discussion about the hospital discharge line about the inbound and outbound process. There is a staff field person and LogistiCare is bringing on more medical outreach coordinators.

There was a discussion about the handling of grievances. If the issue involves a clinical question or concern about a provider, this gets referred to CHNCT nurses who communicate with the provider or provider's office. CHNCT Call Center representatives will help a client find an alternative provider at the time of the grievance. If the Call Center representative is not able to find an alternative provider it is referred to the Member Services Escalation Unit for further research. All calls to CHNCT are recorded. If the grievance is of a non clinical issue, the call representative will try to work to resolve problems concerning these issues or work with our Provider Relations area who will contact the provider's office. Grievances have a status of open while being researched, closed or closed/unresolved. Closed/unresolved means it is unresolved if there was an attempt at resolution that was successful in terms of department standards but the client disagrees (limited basis). Grievances received about NEMT or the other ASO's are documented but the member is warm transferred to the appropriate agency to report the grievances. A client raised concern that some psychiatric patients are getting drugs without receiving the appropriate associated therapy.

Family Planning Limited Benefit Update and Information about the New Tobacco Cessation Group Payment- Kate McEvoy (DSS)



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Kate McEvoy announced that the **Family Planning Limited Benefit** has been implemented. The family benefit remains available even though it does not meet the definition of insurance under the Affordable Care Act. 90% of the recipients are female and 10% male. Family Planning Child vs. Adult Age 21 and above is 88% and age under 21 is 12%. 50,980 people have received this benefit based upon claims. It is a Medicaid limited benefit. Co-chair Sharon Langer pointed out that the federal government picks up 90% of the cost; as a result Connecticut only pays 10 cents on the dollar for the cost of these services.

Kate gave the update on the **Rewards to Quit (R2Q)** Initiatives which is a program that uses incentives to help individuals quit using tobacco and other smoking products. Members receive a financial reward to continue in the program (see above hand-out). The program is part of a 5-year prevention grant. DSS has entered into an MOU with DPH which operates the quit line service. Questions can be directed to Kate McEvoy.

Update on ConneCT- Janel Simpson, DSS Director of field Operations

Due the absence of Ms. Simpson, the update on ConneCT was postponed to the May meeting.

Update on Non-Emergency Medical Transportation (NEMT) and Discussion- Kate McEvoy (DSS), Sandra Iwaniec (Director of Operations – Logisticare), Robin Hamilton (General Manager-Logisticare)

Kate McEvoy reported that the NEMT regulations were completed by DSS and sent to the Governor's Office and OPM for review. The draft regulations did take a long time to be developed, and needed to be updated so they reflect current practice. DSS catalogued issues from the committee. During the last year or two Interested parties expressed concerns regarding standards for urgent trips, ridership, permissible riders, children, and other examples of issues that need to be addressed by DSS and its contractor. Other consumer advisory bodies, including CHNCT Member Advisory, CT BHP, Young adult subcommittee of the Behavioral Health Partnership Oversight Council, have also provided feedback to the DSS about NEMT. There has been feedback from the Money Follows the Person advisory committee as well. There was a meeting between DSS staff and a small representative group of the Consumer Access/Coordination of Care Committee which included the chairs of the combined committees, Mag Morelli of Leading Age Connecticut, and Attorney Bonnie Roswig of the Center for Children's Advocacy and the Medical-Legal Partnership at the Connecticut Children's Medical Center, Jeff Walter, co-chair of the Behavioral Health Partnership Oversight Council was invited but could not attend. Jeff did provide input, however. The department accepted almost 100% of the feedback of this group. The state regulation review process will include an opportunity for the public to submit comments in writing or orally once the regulations are formally published. Some members of the committee expressed concern that they did not get a chance to discuss any of the issues before the draft regulations were completed. Attorney Sheldon Toubman discussed the September meeting of the Consumer Access/Coordination of Care Committees, and expressed dissatisfaction with the DSS not circulating the draft NEMT regulations to all members of the committees. Sharon said DSS was under no legal obligation to share the initial draft regulations. Attorney Toubman then said, "In fact, DSS does have a duty to share draft regulations upon receiving an FOIA request from any member of the public. This was confirmed later by the fact that DSS did promptly share the NEMT draft regulations upon receiving an FOIA request". Kate said that there would be an opportunity for the public to air their issues at a public hearing when the regulations are formally published in the future, at a date not yet determined.

Other Business

Co-Chair Sharon Langer asked for additional comments or new business. Hearing none, she announced to committee members that there will be a special meeting next month on April 23, 2014 in 1E LOB. It will be an open forum on the State's Children's Behavioral Health Plan pursuant to Public Act 13-178. All members, families, and consumers are urged to attend and voice their opinions, comments and suggestions to improve access to children's behavioral health services in the state. Sharon then adjourned the meeting at 3:36 PM.

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