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

Legislative Office Building, Room 3000, Hartford CT 06106-1591
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Brenetta Henry, Janine Sullivan-Wiley & Benita Toussaint
MAPOC & BHPOC Staff: Richard Eighme & David Kaplan

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 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 receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

Meeting Summary: November 22, 2016
1:00 – 3:00 PM
1E LOB

Attendees: Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Lois Berkowitz (DCF), Anna Bigelow, Marijo Brinker, Alyse Chin (DMHAS), Bill Halsey (DSS), Olivia Hathaway, Tamara Johnson, Herman Kranc, Evelyn Melendez, Quiana Mayo, Sabra Mayo, Kelly Phenix, Linda Pierce (CHNCT), Sandra Quinn (Beacon), Trevor Ramsey, Kimberly Sherman (CHNCT), Dr. Sherri Sharp (Beacon), Eunice Stellmacher, Kimberly Sullivan, Sheldon Toubman, and Dr. Rob Zavoski (DSS)

Introductions

Co-Chair Benita Toussaint called the meeting to order at 1:10 PM. Introductions were made.
Co-chair Sullivan-Wiley reminded the committee that there will only be one stipend available per household for those in attendance and are on the list as members. This is important to help to get more representation from around the State.
She then reported that Christine Bianchi has stepped down from the committee and will most likely not be able to attend meetings anymore. Christine was wished well by those present.

Pharmacy Update – Herman Kranc (DSS Pharmacy Manager)

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Herman Kranc (DSS) began the CT Medicaid Pharmacy 101 Presentation (Link in icon above). He is a practicing pharmacist and oversees the DSS pharmacy program and related matters.

Discussion:

Questions and answers followed.

- Trevor Ramsey asked for clarification on HUSKY C. There are many categories that people are eligible.
- Co-Chair Janine Sullivan-Wiley asked about persons who have dual eligibility for Medicaid and Medicare. The state of CT picks up the co-pay over $17 per month. The client is required to go through Part D and there are certain exclusions. For fully dually eligible, if Part D does not cover the drug and the drug is not mandated to be paid by the Part D Plan from CMS, than it can be billed to Medicaid. If the drug is a Part D payable drug, then Medicaid will not pay for it.
- Co-Chair Benita Toussaint asked about the purchase of medication over the counter. There are some products that are covered. Some, such as cough and cold syrup are not. The list of what is covered is on the DSS Website.
- Tamara Johnson asked for a description of who is eligible for HUSKY A, B, C, and D. Clients in any of the categories are eligible for medication at any enrolled pharmacy in CT.
- 'Dr. Zavoski listed the different ways that people can get help with provider issues. The BHP number is 1-877-552-8247, the Medical ASO is 1-800-859-9889, the dental is 1-866-420-2924, and the pharmacy line is 1-866-409-8386.
- There was considerable discussion about opioids.
    - Regarding monitoring: There is a drug review board which reviews prescriber behaviors and patterns. Their process can place sanction and possible disenrollment if DSS feels it is necessary. They look for patterns of prescribing and DSS may request to see further documentation. Client complaints are helpful in identifying potential problems. .
    - Medicaid has to enroll any provider that is willing to participate.
    - Kelly Phenix noted that for opioid prescriptions the patient must go into the office to get the prescription; it cannot be called in.
    - The law has changed to limit new opioid prescriptions to seven days.
- Evelyn Melendez shared a concern about an individual addicted to pain pills who seems to seek unnecessary surgeries to obtain prescribed opioids. Dr. Zavoski stated that physicians are dependent on the patient being honest. While doctors are monitored for patterns of prescriptions, there can still be abuse by an individual patient. Alyse Chin (DMHAS) suggested that Evelyn's friend might benefit from a peer advocate for support in her recovery.
- There was some discussion about Narcan and its use in the community. One person thought it could be an "easy out" for people who are addicted, others that it is an important tool to address an overdose, so the person has a chance at recovery. There are no limits on how much Narcan can be prescribed. Bill Halsey stated DSS's opinion that they want every opportunity to engage people to help them; they cannot do that if they are dead. The opioid epidemic is getting worse. There is information about Narcan on the DMHAS website. Certain pharmacists have gone to training that allows them to both prescribe and dispense Narcan. Dr. Zavoski added that while Narcan is safe and not addictive it also only has a 20 minute life-saving effect and the individual who overdosed needs to also get emergency help in addition to the Narcan.
- Anna Bigelow asked about an individual went to the emergency room but was not prescribed anything "because she is an alcoholic." Dr. Zavoski stated that that doctors are limited by the information in the records and what the patient approves or gives them.
- There was a question about the substitution of generic drugs. They have the same chemical makeup as the brand version and if made exactly the same a generic can be substituted. There is

usually a big disparity in price, although sometimes only a brand-name medication is available. The physician can designate that the brand is medically necessary if there has been an adverse reaction to the generic.

- There was quite a bit of discussion regarding prior authorizations.
  Sheldon stated that Federal law mandates that Hepatitis C drugs be covered as well as all FDA-approved medications. Mr. Kranc responded that was not true. While Hep C medications are covered, CMS may exclude some FDA approved medications. It may depend on if there is an agreement between CMS and the drug manufacturer. There is a list of drugs that CMS does not cover. But even for covered drugs patients may be denied at the pharmacy if necessary prior authorization wasn't requested by the doctor. Sometimes the pharmacist provides a temporary supply. Advocates have pushed for a notice to be sent to providers, and flyers in the pharmacies regarding denials due to lack of prior authorization. The Legislature asked that cards be handed out. Sheldon asked about the DSS enforcement process for this, and he asked members for examples.
    - One young adult was refused prescribed Glucerna because it needed prior authorization. Her mother had to buy it with cash; it is expensive.
    - Another example was a result of the doctor telling the patient to take more insulin when it was needed, but then the refill was refused because it was too soon. For an early refill issue, the pharmacists can call HPE for a non-controlled substance and get immediate authorization. Controlled substances have to go through the prescriber.
    - Another person raised the issue of not being able to get medication due to spend down. Bill Halsey stated that spend down related to eligibility might be a good for a future presentation.
- Regarding DSS monitoring, Dr. Zavoski stated DSS does not have staff to monitor compliance but they get important information from complaints. People having trouble getting their needed medications should call the DSS pharmacy number.
- Mr. Kranc talked about the list of what CMS does and does not cover, noting that all the medications that require prior authorization are available on the website. If prior authorization is not issued at the right time, the pharmacist can contact the prescriber. A consumer commented that the pharmacy said that was the patient's job. Sheldon added that when they checked with pharmacies, most said they would not contact the prescriber noting that they only made $2.50 on the prescription and it took too much time.
- Sheldon asked DSS to provide the data about the number of times prescriptions are denied at the pharmacy due to no prior authorization, the number of times a temporary supply is given, the number of times it is not given (the patient leaves without the medication) and the number of times that a family pays the difference of what is not covered. Mr. Kranc Herman provided that in the last quarter there were 37,000 prior authorizations, the turnaround time is within two hours if there is a complete form.

Janine asked if the Council could get that information. Dr. Zavoski stated that they would be happy to find that information and provide it to the committee if or when available.

BHP Consumer/Family Advisory Council Update- Kelly Phenix

Kelly Phenix provided an update on the BHP Consumer/ Family Advisory Council meeting that took place jointly with the BHPOC consumer group. It was more of a meet and greet and a brainstorming

session. There were a lot of great ideas. What's needed is a way to think about the big picture. She has been asked to be a consumer representative on that Council and hopes to bring that back to the Oversight Council. Some of the key discussion areas were health equity, ways to improve engagement and people following through on treatment. She asked people to send her their ideas.

Lois Berkowitz (DCF) commended the consumer voice at this meeting (Coordination of Care/Consumer Access) and all of the good ideas that came out of the Consumer/Family Advisory Council. She provided an update on where they stand. There is a workgroup scheduled to meet on December 1st with the goal of distilling what was said and finding something that is manageable and doable. Also important is how to liaison and better inform consumers about where the meetings are and who can attend. At the end there will be a report to the Oversight Council.

New Business:

Health Care Cabinet proposal:
Sheldon Toubman raised the issue of the Health Care Cabinet proposal which he felt was dangerous for Medicaid consumers. It involves adopting a downside financial risk to providers. That means that if patients are more expensive than a formula the provider would have to pay the state back. This would lead to doctors moving to less expensive treatment. In Connecticut, Medicaid has been successful in controlling costs and this is not needed. PCMH is coordinating Care and saving money in the right way. Sheldon discussed the letter that was written by MAPOC to the Lieutenant Governor / Health Care Cabinet urging them to reject this proposal. NAMI presented testimony opposing it. There are many concerns about providers leaving and underservice. 20 independent advocates wrote to the healthcare cabinet back in October, suggesting an alternative: to further develop the PCMH program and expand it. As a result of discussion at the MAPOC meeting the BHPOC Chairs would put this on their agenda but the next BHP-OC is after the final vote.

Sheldon explained that the provider care would be tied to the financials of their practice. He felt that changes in the way they would practice could be expected even a lot of it was unconscious. Others felt that the current Fee for Service process can result in too much care, this proposal could result in too little of care. Co-Chair Janine Sullivan-Wiley stated that she would take it to the executive committee of the BHP-OC as they will meet before that final vote.

Co-Chairs:
Co-Chair Benita Toussaint said that because of the likelihood that Christine Bianchi will no longer be a Co-Chair; committee members should nominate a new Co-Chair at the next meeting. Such an appointment is from MAPOC. Also, Co-Chair Brenetta Henry announced her resignation as a Co-Chair of the committee. She suggested Kelly Phenix as her replacement. Benita suggested Sheldon Toubman. Richard and David noted that there may be restrictions (consumer, etc.) that need to be clarified.

Other Business and Adjournment: Co-Chair Benita Toussaint called for a motion to adjourn. A motion was made and seconded and the meeting adjourned at 3:09 PM. Benita wished everyone a happy holiday season.

Next Meeting: **Wednesday, January 25, 2017 @ 1:00 PM in Room: 1E LOB**