



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

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Co-Chairs: Janine Sullivan-Wiley, Kelly Phenix & 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: March 22, 2017  
1:00 – 3:00 PM  
1A LOB**

Attendees: Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Lois Berkowitz (DCF), Jayviane Brooks, Michael Carone (DSS), Alyse Chin (DMHAS), Bill Halsey (DSS), Herman Kranc (DSS), Ellen Mathis, Quiana Mayo, Sabra Mayo, Kelly Phenix, Linda Pierce (CHNCT), Ann Phelan (Beacon), Trevor Ramsey, Bonnie Roswig, Kimberly Sherman, Kimberly Sullivan, and Sheldon Toubman

## **Introductions**

Co-Chair Benita Toussaint called the meeting to order at 1:13 PM and introductions were made by the Co-Chairs and members.

## **Voting for New Co-Chair**

Co-Chair Janine Sullivan-Wiley reminded members that Kelly Phenix had been nominated at the last meeting as a candidate for a new Co-Chair of the committee. She opened up the floor and asked for any further nominations. Hearing none, Brenetta Henry made a motion to vote for Kelly for Co-Chair, and it was seconded by Sabra Mayo. All members present voted in favor with no nays or abstentions. Kelly then changed her seat and began her tenure as new Consumer Co-Chair of the Coordination of Care/Consumer Access Committee. Janine suggested a round of applause for outgoing Co-Chair Brenetta Henry, thanking her for her work as Co-Chair. After the applause, Brenetta thanked the committee.

## **BHP Consumer/Family Advisory Council Update- Brenetta Henry**

Brenetta Henry reported to the committee that the next ICAN Conference will be on September 28, 2017. The planning process has started and she thanked Ann at Beacon (former Value Options) for her help. They will have speakers and follow-up to questions asked last year such as about CLAS. Bill Halsey (DSS) praised the ICAN Conference saying that it covers an array of services throughout Connecticut and provided both a light breakfast and lunch; it is a “good feel” for agency members, providers, and consumers about information, programs, and services for what is going on around the state. Brenetta agreed, adding that it is driven by the consumers with support from Beacon Health.

Earlier this month, CFAC Liaison Kelly Phenix gave the BHPOC a full and complete report about CFAC’s activities and on its sub committees. Kelly stated that there are a lot of rumors out about the Governor’s Budget but reassured members that the process is long and has just started.

## **Update from DSS on Pharmacy Data Questions**

### **Herman Kranc (DSS)**

Herman Kranc reported to the committee that the report on Pharmacy Data questions is not ready yet. Bill Halsey (DSS) said that it will be ready to be presented to the committee’s next meeting on May 24, 2017. Bill told the committee that DSS sent out an email earlier this month to committee staff informing them of this update.

Preliminary queries have been run but an analysis has not as of yet been performed. It has been determined that in the month of December, 2016, over 30,000 claims required prior authorization/intervention for various reasons. In order to provide a comprehensive understanding and analysis of the request, the Department has instructed HPE to develop a report that shows the outcome of these Prior Authorizations over a period of time. This will be the same type of report created for this Committee in the past. However, each PA needs to be tracked individually to determine the final outcome. Unfortunately, competing projects requiring all available resources have caused a delay. One such project is the implementation of a restructured pharmacy pricing methodology by 4/1 as mandated by CMS.

## **Discussion**

Sheldon Toubman gave a clarification of what was asked of the Department. The request was not for data about Prior Authorization (PA) requests generally, but specifically about cases where people go to the pharmacy and are denied medications because PA was required but not requested, and therefore a denial of payment at the pharmacy occurred – what happens to these people.

In these cases, if PA is needed for a prescription and not requested, people are still able to obtain a one-time fourteen (14) day supply or five (5) day emergency supply. Others expressed a concern that people might not always be aware that this was not the full amount prescribed and not realize that more steps are needed right away.

Sheldon provided committee members with the report from 2009-10 which HPE did, showing the numbers of people who went to the pharmacy and sought a PA-only drug for which PA was not obtained, and what happened to them (see icon).



It shows that about 26,000 drugs rejected at the pharmacy in a 10 month period because they needed PA but no PA had been obtained. It also shows that, in many of these 26,000 cases, a **one-time** temp. supply was electronically authorized at the pharmacy by DSS and the drug was therefore provided, but that, in about 5,000 cases, the person returned to the pharmacy seeking another supply of the same drug but still not having gotten PA, and was rejected outright for **any** supply because the one-time supply had already been exhausted—i.e., that was 5,000 people walking out of the pharmacy without a Medicaid-covered drug which was prescribed for them by a treating provider, due to the PA requirements.

Sheldon continued, noting that since the Medicaid population has grown dramatically since then, he thinks the committees (BHPOC and MAPOC) should know if this situation has continued, improved or worsened since 2009. He concluded by saying this is made more urgent by the other recent report by DSS that they have laid off the four pharmacy technicians who used to follow up with treating prescribers when these denials at the pharmacy for lack of PA occurred for behavioral health drugs -- now there is no such follow-up to try to stop these cases from falling through the cracks.

Mr. Kranc indicated that no behavioral health drugs require prior authorization although some may require generics.

Pharmacists are required to hand customers a sheet when there is a prior authorization issue, but recognized there is a very low level of compliance.

There was discussion about the viability of sending letters to the prescriber and/or the client. Bill Halsey said that DSS will look into this.

Best outcome is probably when both the client and the pharmacist contact the prescriber.

Spend-down issues can also result in a person leaving without their medication.

People can also run out and be unable to refill when they have to/ are directed to use more medication than prescribed in the time frame (such as the doctor tells the person to use more insulin but never changed the prescription; they will run out too soon.)

There was discussion on the difference between early renewal and the 14-day supply. Kelly gave a very clever explanation of some of the issues using Skittles and M&Ms as the example.

Mr. Kranc discussed the difference between narcotics/ controlled substances and non-controlled substances. Pharmacists cannot change prescriptions.

There was discussion about generic vs. non-generic prescriptions. There is a Governor's committee that meets to discuss the treatment and cost effectiveness of medications. Only equivalent generics (the same chemical entity) can be substituted but some felt that they are not the same or as good.

Co-Chair Janine Sullivan-Wiley thanked Mr. Kranc for coming back to the committee and having a discussion on obtaining prescription drugs from pharmacies. She asked DSS to come back with the report and a solution on how to notify consumers that they have already received their one-time only fourteen-day supply prescription that they will not be able to re-fill their prescriptions with getting PA.

## **Other Business and Adjournment:**

Co-Chair Janine Sullivan-Wiley asked for any new business.

Bill Halsey (DSS) gave an update on the Non-Emergency Medical Transportation RFP contact. He said that it is in the procurement process and then going into the evaluation stage. He was asked about the timeline, as the vendor was to be chosen by April 1<sup>st</sup> with a start date of July 1, 2017. Bill replied that he cannot confirm any dates. He added that details such as the names of vendors who applied cannot be given out related to the integrity of the procurement process. Ongoing concerns of the NEMT Oversight Committee regarding the current vendor were noted. Regarding wait times such as discharge from a hospital; that is between the vendor (now Logisticare) and the cab company; it is not part of the current contract. People were encouraged to file a grievance when there are problems; the state spends a lot of money on transportation.

Trevor Ramsey brought up the wait time for contacting the DSS by phone. Others indicated that waits of half hour to an hour to get a live person by telephone are common. Committee staff person, Rich Eighme explained to members how to use the public dashboard on the DSS Website. Bill thought the wait times were getting better. It had trended down but is up again. A new eligibility system is being rolled out so that staff members are not on the phones. The latest data was for January. In December 2016 the average wait was 29 minutes but varied by month. People can ask to be called back rather than wait. Others noted that wait times are the shortest at the beginning of the day, longest around lunch and late afternoon.

Co-Chair Kelly Phenix brought up the DSS re-determination process, noting that she was very pleased with her recent experience. She thanked DSS and Bill.

Sheldon Toubman had good praise for CHN and Beacon and thanked them for their work done together in trying to solve various problems that have risen over the years, and also noting their presence at this meeting and that they listen.

There being no further business, Co-Chair Benita Toussaint called for a motion to adjourn. Ellen Mathis made the motion and it was seconded by Sabra Mayo. The meeting was adjourned at 2:48 PM.

**Next Meeting: Wednesday, May 24, 2017 @ 1:00 PM in Room: 1E LOB**