



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

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www.cga.ct.gov/ph/BHPOC

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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.

Co-Chairs: Maureen Smith & Sharon Langer, and Christine Bianchi
BHPOC & MAPOC Staff: David Kaplan and Olivia Puckett

**June 19, 2013
1:30 – 3:00 pm
Hearing Room 2A LOB**

Attendance: Christine Bianchi, Sharon Langer, Maureen Smith, Caitlin Lamazzo, Sheldon Toubman, Magnolia Rodgers, Deanne Privette, Olivia Hathaway, Eunice Stellmacher, Sheryl Poteat, Michelle Chase, Michale Weatherington, Brenetta Henry, Sabra Mayo, Trevor Ramsey, Marty Milkovik, Benita Toussaint, Kelly Phoenix, Jason Gott, Evelyn Dudley, Robert Zavoski, Quiana Mayo, Deborah Mayo, Ebony Mayo, Yolanda Harris, Lawanne Harris, Yvonne Rodriquez, Cassandra Blake, Tayuanna Blake

Christine Bianchi opened the meeting at 1:30 PM. There were introductions of committee members.

Audiology Fee Schedule Status and Discussion

The Department of Social Services has been working with the Connecticut Academy of Audiology.

The fee schedule was out of date and didn't have any fees for independent audiologists' services.

There was discussion about the updated fee schedule. See Provider Bulletin 2013-27, available at

<https://www.ctdssmap.com/ctportal/> . It was posted to the website about a month ago. The fee schedule is for HUSKY, and provides for the full scope of audiology services. There remain some limits on audiology services for the Charter Oak Health Program which will be ending at the end of the calendar year. Sheldon Toubman asked about the specific list for audiology services. The regulations were changed for the exception process. There was a question about what is the process for these services. Christine Bianchi made comments about the codes for independent audiologist would need for the audiology services. DSS made comments about how the new audiology fee schedule is very comprehensive. It is an opportunity for access for all of HUSKY members. Committee members made comments about how it will be easier to enroll as a provider of audiology services. There are a number of hospital clinics that do audiology. The number of audiology services has been expanded as a result of the fee schedule. There was a question about whether HUSKY would cover Audiology services in the case of a member whose primary insurance was through a private health plan. . The fee schedule would likely be different for private health plans.. A member would need to inquire about what the private health plan covers.

Pharmacy Assistance, Survey Presentations

Caitlin Lamazzo from Hamilton College (under the supervision of New Haven Legal Assistance Association) presented on the Prior Authorization and Consumer Access to Prescription Drugs Study Results. The Effects of PA on Medicaid patients Across Connecticut.

The power point is provided to the committee.



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Key Points

- ▶ Prior Authorization and Consumer Access to Prescription Drugs Study Results

- ▶ The effects of PA on Medicaid patients across Connecticut
- ▶ **Angelica Walter, Quinnipiac University**
- ▶ **Angela Pollard, Yale University**
- ▶ **Caitlin Lomazzo, Hamilton College**
- ▶ **Ike Lee, Yale University**

Our Study

- ▶ If a patient is denied medication at the pharmacy due to lack of Prior Authorization (PA), they are supposed to be given a one-time 14-day supply along with a generic flyer stating that the supply they have been given is temporary and that they should follow up with their prescriber to get PA or a different drug that does not require it.
- ▶ We volunteered to conduct a survey and present our findings on how Medicaid patients were being notified about the denial of full access due to lack of PA, and the effectiveness of this notice.
- ▶ **Scenario 1**
- ▶ The patient who received one-time temporary supply (or the pharmacist) timely contacts the prescriber so that
 - ▶ a) prior authorization is obtained
 - ▶ or b) a new drug which does not require PA is prescribed
- ▶ **Scenario 2**
- ▶ The patient who received 14-day temporary supply, does NOT successfully follow up with prescriber (nor does the pharmacist) to timely get PA or a prescription for a new drug that does not require PA, so:
 - ▶ there is no longer an override option for the pharmacist
 - ▶ the computer will not allow for any further Medicaid payment of this drug
 - ▶ the patient, lacking alternative resources, is denied access to the medication



DSS-Approved flyer for denials due to the lack of PA

- ▶ We were looking to find how effective the current method of presenting this DSS flyer was in terms of the frequency of Medicaid clients subsequently leaving pharmacies without any medication after having received their one-time 14-day supply.
- ▶ **Methodology**

- ▶ The survey was administered across Connecticut to 5 major cities.
- ▶ There were 21 pharmacies included in the survey and most questions could be evaluated statistically.

Results

- ▶ In 67% of the cases, the flyers are not even given. 62% had never seen the flyer before.
- ▶ Results
- ▶ **71%** (or 15 out of 21) pharmacies said that patients get denied the 2nd time around, after exhausting their one-time 14-day supply, often or all the time.
- ▶ 43% (9 out of 21) stated that patients get denied the second time around all the time.
- ▶ How effective is the flyer?
- ▶ 67% of pharmacies do not distribute the DSS flyer
- ▶ 62% of pharmacies had never even seen the DSS flyer before.
- ▶ Out of the 7 pharmacies which reported handing out the DSS flyer:
 - 6 stated that Medicaid patients get completely denied the second time around because a provider has not obtained prior authorization **all the time or often**.

Our Recommendations

- ▶ Written notice identifying the specific drug that requires prior authorization mailed or e-mailed to the Medicaid enrollee by DSS or its contractor, and advising of the steps identified in the flyer, but with some elaboration of where to go for help.
- ▶ Electronic or faxed notice from DSS or its contractor to prescriber identifying the specific drug that requires prior authorization and recommending specific steps for the prescriber to take—request PA or prescribe a different drug.
- ▶ Written notice to Spanish-speaking patients issued in Spanish.

Discussion about Pharmacy Study and Recommendations

- The Chairs thanked the students for the presentation and went over some details of the report.
- Report is available online on the Medicaid council website.
- Evelyn Dudley discussed what DSS has been doing in response to E- Prescribing. Jason Gott provided discussion about 14-Day Temporary Fill. Since E-Prescribing, pharmacists will be able to see if members can receive a 14 day fill or need PA from their doctor. Evelyn will take the Pharmacy Study

Recommendations back to DSS. E-prescribing is instant access to prior authorizations. Comments about how it takes a long time for pharmacies and providers to change to e-prescribing

- There was brief discussion about the new law passed about alternative step therapy drug program. The program won't impact behavioral health drugs. Example of a drug that requires step therapy: Proton Pump Inhibitor.
- Comments about the pharmacy process not being individually tailored. Comments about members not knowing what prior authorization means. There needs to be a clear explanation of what prior authorization is and what it means to members. Recommendation for better education of the consumer. There is no phone number on the letter or who they should contact. Comments about how the computer systems are not set up yet for the letter or e-prescribing system Mail system has been tricky because the ASO has been receiving a lot of returned mail. There were comments about how e-prescribing is more accurate and can provide information to the pharmacy more quickly.
- Comments were made from committee members about children with behavioral health needs who require a month to month script. They need to call BHP and contact the provider.
- *There was a request for trends in 14 day supplies- HP would have that information. There was also a request for EHR utilization for e-prescribing.*

Public Awareness Campaign for ConneCT Consumer Input

- Judi Jordan (DSS) went over the ConneCT Project. Christine Bianchi said recommendations are related to receiving information about the different changes and rules related to the services of Medicaid.

Questions and Answers about ConneCT project – Recommendations and Comments from Consumers

1. Are consumers aware of ConneCT- 6 consumers say yes. (My Account? - Consumers say yes.)
2. Where are they receiving the majority of their information about their benefits? - From the Consumer Access/Coordination of Care committees,

3. What mechanisms would you recommend? Community Health Centers, person there from DSS to explain their benefits and the services. Utilize some of the staff in organizations that are already contracted with DSS to provide outreach and other services. Such people could walk them through the sign- up. Consumers would then feel empowered. They are able to print out information from ConneCT. Electronic Health Records- Patient Portal. 8 Consumers Email and check them regularly. Explained how helpful EHR works.
4. ConneCT- Do they Capture emails?
5. Suggested that DSS/ ConneCT establish a Facebook page. Consumers could ask and a question quickly.
6. Outreach through community events, such as a tent at the West Indian Society Celebration.
7. Issues of Change of Address- Change your address- CHN, Logisticare, DSS, CTDHP, Doctor. Address has to coincide with their prescription.
 - a. Work off of DSS System.
 - b. Lag sometimes where a change has made.
 - c. LogistiCare- Confirm their address that they have.
 - d. Consumer has to hold accountability too. People are aware of the guidelines they can follow them.
8. Working with DPH and DSS- who's outreaching to the community.
9. Work with Access Health CT
10. Do consumers go to websites, and if so, which ones? HUSKY Health www.huskyhealth.com?
Not sure what we are trying to say here so I deleted it.

The committee would like to know more about the Campaign for Outreach to Consumers for ConneCT at the next meeting.

Agenda for September 25, 2013

Update on Maternal Depression Screening

Language interpretation services- What kinds of services they provide- What systems are in place.

Transportation

HP Trends on 14 Day Prescriptions Trends on E-Prescribing

Language Services

Pharmacy Update

Next Meeting Date: Sept 25, 2013 at 1:30 PM in LOB Room 1E