# Connecticut

# Medicaid Managed Care Council

## Behavioral Health Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106

**BH Pharmacy Work Group**

**Meeting Summary: March 16, 2004**

**Chair: Jeffrey Walters**

Present: Jeffrey Walter, David Parrella, Rose Ciarcia, Lee VanderBann, Dr. Mark Schaefer (DSS), Janice Perkins (Health Net), Rich Spencer (CHNCT), Naida Arcenas (DCF, APRN), Dr. Richard Miller (child psychiatry, Wheeler Clinic). *Other participants that had planned to attend could not attend because of the snowstorm.*

The purpose of the March 16 meeting was to:

1)  Identify common items from the three MCO prior authorization (PA) forms that would form the basis of a uniform prescribing practitioner PA medication exception request form,

2)  Identify a process that would result in the product of a provider user-friendly reference guide of BH formulary/non formulary drugs that require PA.

**PA Forms**

Three MCOs (Anthem, CHNCT and Health Net) have drug formularies. Health Net and CHNCT reviewed their current PA forms with the group (Anthem form was also reviewed).  After discussion and Q&A, there was agreement on 1) basic information needed on the form, 2) the areas that each plan will review internally before deleting items on their specific form and 3) Anthem and Health Net will retain their MCO internal management fields on their forms. The final product will contain the same provider PA information fields on each plan's form, retaining the individual MCO internal management information.

| ✓ = Common Fields | MCO Internal review of changes | | |
|---|---|---|---|
| | Health Net | CHNCT | Anthem |
| ✓ Date | | | |
| Time | ✓ | ✓ | ✓ |
| ✓ Patient name | | | |
| ✓ Member ID # | | | |
| ✓ DOB | | | |
| Pt address/phone # | ✓ | | ✓ |
| ✓ Provider address, phone & fax | | | |
| Provider license # & DEA # | ✓ | | |
| ✓ Provider Group ID | | | |
| ✓ Pt Insurance (Medicaid, commercial, Medicare) | | | |
| ✓ Medication Requested | | | |
| Drug strength, quantity, duration of script | ✓ | | |
| ✓ Diagnosis | | | |
| ICD 9 Code | ✓ | | |
| ✓ Reason for PA Request | | | |
| Allergies/adverse drug reaction | ✓ | ✓ | |
| Home health provider | ✓ | | |

Comments on items:

- For the Medicaid/commercial plans that use the form in other states, they would want to keep insurance type and provider group ID.

- Reason for PA request: MCOs identify *common PA denial reasons*, put top reasons in check off boxes under this field to allow provider to more easily explain reason for this request. For example, these check-off options may include: drug prescribed in hospital stabilized pt, non-formulary drug has stabilized pt in the past, adverse reaction to the formulary agent, failure of formulary agent. Allow space for written "other" reasons.

**Provider Guide to PA BH drugs**

Julee Oh, Health Net, had developed a list of BH drugs that require PA. The DSS has sent this to the other two plans for comparison with their formularies. This list could create the basis of the provider BH drug guide. The DSS could also identify top MH drugs used through their data system. Once developed, this provider guide could be placed on the HUSKY web site & provide MCO web sites for other formulary information. The guide format should allow down loading to palm pilots, etc. While hard

copies can be used, there needs to be a central point of information that can accommodate updates and changes in plan formularies.

Next meeting:

It was suggested the work group meet April 12, prior to the April 16 Medicaid Managed Care Council meeting.  However more time may be needed to complete the tasks that will yield final products for the uniform PA request form and provider medication guide.

Jeff Walter will provide an update on the progress of the work group at the Council meeting if the next work group meeting is scheduled after the 4/16 Council meeting.

The next meeting date needs to be decided upon by next week in order to give participants time to fit this into their schedules.  Please advise!

*File: BH Pharm work group 3-04*