



Dane County HealthWatch Coalition

4.7.08

Meeting Minutes

(We try to take meaningful and comprehensive minutes. Please forgive any errors and send corrections to Nora Foshager, nfoshager@safetyweb.org.)

<p>I. Intros & Announcements</p>	<ul style="list-style-type: none"> - Healthy Babies, Healthy Families will be held April 17 from 10am-4pm at Harambee. - Dean is expanding service area. Phase I of II will begin in May or June and increase enrollment by about 20,000. Phase II will add 10,000 or 20,000 more. - Successful HealthCheck Fair last Monday (Daphne).
<p>II. Minutes</p>	<ul style="list-style-type: none"> - Minutes are fine.
<p>III. Pharmacy: Statewide PDL (Preferred Drug List)</p> <p>Carrie Gray (DHFS) graycl@dhfs.state.wi.us 266-3901</p>	<p>**When working with pharmaceuticals under BC+, important to remember whether you're talking about Standard or Benchmark Plan.**</p> <p><u>Standard Plan</u> (for info, go to http://dhfs.wisconsin.gov/medicaid/pharmacy)</p> <ul style="list-style-type: none"> - took out all managed care except for two HMOs - all others now getting meds through old Fee-for-Service (FFS) - PDL can be found online, as well as information on Brand Medically Necessary (BMN), page on the consolidation, FAQs, and more - PDL includes 60 drug classes. Some classes have preferred drugs only, some have preferred and non-preferred drugs. All non-preferred drugs on the list require a PA; some preferred drugs require a PA based on the type of drug. - Forms are all online (7 forms) - this also applies to SSI - the physician should fill out the form, sign it, and send it to the pharmacy where the drug will be filled - PA can also be done electronically (preferred method) - if the PA is approved, it's granted almost instantaneously - Stat PAs don't get denied, they get returned so that the dr. can look them over and see if more info is needed - dr.s don't always want to fill out the form and they don't always know what they're supposed to do - if the dr. submits a PA on paper and it's denied, then the client will receive a notice - as long as the recipient is eligible, the dr. is certified, and the drug is a covered service, the member can get a 14-day emergency supply while they're waiting for PA approval - if they are denied, then they have appeal rights and can request a Fair Hearing - just because a drug isn't on the PDL doesn't mean it's not covered. Some drugs are just considered covered services – there are 60 drugs on the PDL but 190 drug classes overall. - separate class: Brand Medically Necessary (BMN) - the list of covered drugs (ones not listed in the PDL) can be found on the website above in the SeniorCare section - the BMN PA is a paper process and is used when there is an alternative to the brand but the dr. feels the patient truly needs the brand. In these cases, supporting clinical/medical documents are expected. The BMN list can be found in the data tables section of the website above. the dr. fills out the form and submits supporting documents, then sends it to the pharmacy, which attaches a cover sheet and submits it to EDS. most returns in these cases are due to the dr's failure to document the necessity. - also Narrow Therapeutic Index drugs – if the member has an anticipated failure on the

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	<p>drug (i.e., they were prescribed it before on MA and it failed, etc.), then the dr. can pass up that drug in favor of another – again, MUST DOCUMENT</p> <ul style="list-style-type: none"> - also a PA process for non-covered drugs that are not covered due to the fact that there is no CMS agreement with that drug’s manufacturer. this PA process is more stringent; more info is at the website. - if you have specific services/supplies that you have problems with, contact Carrie - this is not a formulary - grandfathering meds: if someone on the Standard Plan was on a med (only includes non-preferred drugs on PDL) when they were grandfathered in, they will NEVER be required to get a PA for that med. there is no end-date to not needing a PA for any reason; for the rest of their life, any time they are on BC+, they will not need a PA for these meds. This does not apply to BMN drugs. there is a look-back period for this rule, to July 2006. if the member was on the drug at any time during the look-back period then that drug is grandfathered, even if they weren’t currently on it during the grandfathering timeframe. - use the Pharmacy member services – they’re very helpful - the pharmacy MUST provide the meds, even if the member can’t pay - there is a monthly maximum out-of-pocket (per pharmacy used) of \$12/month (does not include OTCs) - if a member is new to Wisconsin MA/BC+ and has been on mental health drug, etc., for 30 days or more and there’s been a measurable therapeutic improvement, s/he can get it covered <p><u>Benchmark Plan</u></p> <ul style="list-style-type: none"> - the Benchmark Plan DOES have a formulary: it is a generic formulary with specific OTC coverage. this is a limited, specific list. - if the member gets a prescription for a brand-name drug, they have to go through BadgerRx Gold – the Benchmark Plan does not cover ANY brands - if the member cannot pay their co-pay, the pharmacy does not have to dispense the meds - recommend that members pay what they can, even if it’s not the whole co-pay or even if it’s only \$.50 - Question: What’s the process for the pharmacy dealing with a member’s unpaid balance? <ul style="list-style-type: none"> - Answer: The pharmacy can take the member to small claims court. - Question: What are the rules on balance billing of Benchmark Plan members? <ul style="list-style-type: none"> - Answer: Carrie doesn’t think the pharmacies are allowed to balance bill. - Kids who have been moved to the Benchmark Plan from either the Standard Plan or HIRSP and who have certain chronic illnesses, such as mental, cystic fibrosis, diabetes, etc., can be referred to Carrie. She will review the cases and, if they meet criteria, the children will be moved to the Standard Plan for one year. Once the guidelines on this are finalized, Jeff will send them around. During this year, state and others will work on a more permanent solution. Dane Co. HW should weigh in on this topic, especially r.e. recommending the institution of a spend-down for children on the Benchmark Plan who are accruing debt. We can send these recommendations to DHFS to add to their Budget Repair Bill comments/recommendations.
<p>IV. BadgerCare Plus</p>	<p><u>a. Questions from HWW Conference</u></p> <ul style="list-style-type: none"> - ABC staff will send their answers to state for review, then send out Q&As in special edition of the Update <p><u>b. Other BC+ Issues since last meeting</u></p> <ul style="list-style-type: none"> - are hearing aids covered on Benchmark Plan? No.



	<ul style="list-style-type: none"> - how do we get the most up-to-date info? member services is helpful. - HIRSP: switching all kids to BC+; most of them to the Benchmark Plan
V. Cover the Uninsured Week	<ul style="list-style-type: none"> - Jeff handed out information about the enrollment efforts DHFS is coordinating. - Enrollment Day on April 28, 2008 - develop a training plan - can sign up for a 2-3 hour shift, during which you will walk people through the application, both Express Enrollment and full - working on having a single call-in number for this day - this will also be a media event - other enrollment days being coordinated on the other days of CTUW in Green Bay, La Crosse, Wausau, and Milwaukee - CKF: media campaign - possible 3 Steps Training in conjunction with the Harambee Center
VI. BC+ Trainings	<ul style="list-style-type: none"> - email Nora with topics you would like trainings on - Daphne: would like a training by someone from the state on ways to navigate/access SSI coverage; identify an SSI contact person

HealthWatch Co-chairs: Carola Gaines, Unity, and Jennifer Lord, Harambee
 Steering Committee: Andy Heidt, Pam Rabe, Jodi Joyce
 ABC Staff: Nora Foshager, Bobby Peterson

Those who attended the April 7, 2008 Dane County HealthWatch: 19

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