



**Cal MediConnect Consumer Advisory Board
Meeting Minutes
August 30, 2017**

1. Welcome: Consumer Advisory Board (CAB) members were welcomed by ThanhThuy Luu, Blue Cross Anthem (ABC) along with Joyce Felix, Social Worker, Santa Clara Family Health Plan (SCFHP). Members were reminded about the confidentiality agreement and to not share personal health information in the open group forum and any individual health concerns can be addressed privately with health plan representatives after the meeting.

2. Presentation – Pharmacy: Presented by TThuy Luu, Anthem/Blue Cross. TThuy introduced the process of Pharmacy for CalMediConnect, passed out a concise handout, and recommended that participants contact their health plans for health plan-specific information.

Description:

A. Coverage

1. Outpatient prescription
2. Medicare Part A prescription
3. Medicare Part B prescription

B. Rules for outpatient drug coverage

1. Network Pharmacy

- Members should submit their prescriptions to pharmacies *in-network*. If they go out of network, members will have to pay for the medication out of pocket.
- There are many pharmacies that are in-network.
- There are different ways to find out if a pharmacy is in-network or if you need a list of pharmacies that are contracted with your health plan:
 - a) Online through health plan website
 - b) Contact Member Services
 - c) Hard copies of directories are available

2. Drug List

- Each health plan has its own list of drug coverage (formulary)
- Formularies are available online through the health plan website or can be requested from Member Services.
- Every year there may be changes to the formulary. When this occurs, the health plan notifies members.

- The copay for members depends on the level of their subsidy. There are four levels (tiers) that drugs are listed under. If the drug is under “Tier 2,” there is a small co-pay. If the drug falls under any of the other tiers, there is no co-pay.

3. Issues

- An ABC member did not get a DME prescribed by his therapist. Anthem BC representative will connect him with his nurse case manager for a solution.

4. Questions and Answers:

Q1. Is there a way to give a list of covered drugs to the doctors that are contracted with the health plan?

A1. We can check with our management team to see if we can do that.

Q2. When will I receive an updated formulary and a provider directory

A2. Any change in formulary will be notified to you. A provider directory is provided upon request.

Q3. If I need emergency care and the nearest emergency room is out of my network or we're outside of Santa Clara County, will my health plan cover it?

A3. Yes, we can cover it nationwide. However, coverage does not extend internationally.

Q4. Why did I have to pay my copay at Walgreens, not at the hospital I stayed?

A4. A copay, if any, is applied consistently for the same drug regardless of the location of pharmacies.

Q5. Is a mail-order prescription more expensive?

A5. It is not. Generally, the drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition. For a long-term supply of maintenance drugs through mail-order services, a 93-day supply has the same copay as a one-month supply.

Q6. Why did I sometimes get a 30-day prescription and sometimes a 90-day prescription?

A6. It varies with kinds of drugs. A 90-day prescription is applied for long-term maintenance drugs.

5. Final Comments:

Three members shared their satisfaction with Walgreens, an emergency pharmacy, and the coverage.

Next meeting: September 27, 2017 @ 11 a.m.