

ConnPACE

Semi-Annual Report to Governor Dannel P. Malloy

July 2010 - December 2010



Michael P. Starkowski, Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

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April 1, 2011

Governor Dannel P. Malloy
Office of the Governor
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Malloy:

As required under Connecticut General Statutes, Section 17b-495(d), I am submitting the Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE) Semi-Annual Report for the period of July 1, 2010 to December 31, 2010.

Thank you for the opportunity to share ConnPACE's continued progress and success in serving Connecticut's elderly and disabled for more than 24 years.

If you have any questions regarding the report, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Commissioner

cc: Representative Christopher Lyddy
Representative Elizabeth Ritter
Senator Andrea Stillman
Senator Gayle Slossberg

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Semi-Annual Report: July to December 2010

The Department of Social Services presents the following information as an overview of the services provided to the elderly and disabled individuals enrolled in the state-funded Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE. The first half of State Fiscal Year 2011 continued to support many policy changes that were made to Connecticut's health programs in 2010. As this report illustrates, these changes have continued to impact ConnPACE significantly.

During this reporting period, the ConnPACE Program subsidized the cost of 75,159 prescriptions totaling \$4,320,772 for an average of 28,052 ConnPACE clients. Approximately 53% percent of prescription drugs paid for during this period were for generic products. In addition to the prescription benefit, the ConnPACE Program subsidized Medicare Part D premiums in the amount of \$759,342 for an average of 27,652 clients with Medicare Part D. Total enrollment numbers for the ConnPACE program have continued to decline by approximately 10% this reporting period.

The ConnPACE program is promulgated under regulations of Connecticut State Agencies, Sections 17b-262-684 to 17b-262-692, and Connecticut, Sections 17b490 to 17b-498.

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Semi-Annual Report: July to December 2010 - Eligibility Guidelines

The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE, is a state-funded program that assists in providing prescription drug benefits to Connecticut's senior and disabled citizens.

To participate in ConnPACE, a person submits an application with a registration fee and proof of state residency, income, age (if applicable), disability (if applicable), enrollment in Medicare Part D (if applicable), and insurance (if any). New applicants can only apply for ConnPACE during the open enrollment period of November 15th to December 31st of each year. The only exceptions to the open enrollment period are for individuals who are within thirty-one days of reaching sixty-five years of age, or becoming eligible for Social Security Disability Income or Supplemental Security Income. Once approved, participants must submit a renewal application annually for re-determination of eligibility.

Requirements for ConnPACE Eligibility:

- Residency:** A person must be a resident of Connecticut for at least six months prior to applying;
- Age:** A person must be 65 years of age or older **or**;
- Disabled:** A person can be between the ages of 18 and 64 and receiving disability benefits under the Social Security Disability Program (Title II) or the Supplemental Security Income Program (Title XVI);
- Income:** A person must have an annual adjusted gross income at or below \$25,100 if single, or a combined income at or below \$33,800 if married, effective January 1, 2009;
- Insurance** A person must **not** be enrolled in Medicaid, have prescription drug coverage that pays a portion or all of each prescription purchased, or have prescription drug coverage after a deductible has been met;
- Medicare Part D:** A person must be enrolled in a Medicare Part D Prescription Drug Plan (PDP) if the applicant is Medicare Part A and/or Part B eligible; if an individual is not yet enrolled in a PDP at time of application, they can elect for ConnPACE to choose a plan for them;
- Social Security/
Extra Help:** A person must apply for Social Security's Low Income Subsidy (LIS)/"Extra Help" benefit with Medicare. Extra help may be available if a participant's annual income is less than or equal to \$16,245 and assets are less than \$12,510 for a single person, OR annual income is less than or equal to \$21,855 and assets less than \$25,010 for a married couple.
- Registration Fee:** A person must submit a \$45.00 registration fee with their application.



Once determined eligible, participants receive a permanent ConnPACE benefits card. The ConnPACE cardholder presents the card to their dispensing pharmacy to have their prescription filled. The pharmacist validates the client's eligibility, appropriate coverage, and primary payer for the drug, and then collects the co-payment from the cardholder. ConnPACE subsidizes the appropriate balance due.

Semi-Annual Report: July to December 2010 - Eligibility Activity

The ConnPACE Program has again seen a decline in enrollment during this reporting period. The total number of enrollees in July 2010 was 29,285 individuals; and at the end of December 2010, enrollment had declined to 27,011. In the last reporting period, January through June 2010, a similar trend was seen in ConnPACE enrollment numbers. The total enrollment for the ConnPACE program has decreased 10% since last reporting period.

ConnPACE Enrollees - December 2010

Elderly	23,754
Disabled	3,257

Medicare Savings Group – Dec. 2010

20,755

Low Income Subsidy/ - December 2010

Extra Help	2,214
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The Department attributes this ongoing decline in enrollment to the increase in persons that qualify for the Medicare Savings Program (MSP) or the Low Income Subsidy (LIS)/ “extra help” through Medicare Part D. Under these programs, beneficiaries receive assistance from Medicare in paying monthly Part D premiums, co-pays, and deductibles. Depending on a beneficiary’s subsidy level, the Medicare Part D pharmacy co-pays can be as low as \$1.10 for generics and \$3.30 for brands or up to a maximum of \$2.50 for generics and \$6.30 for the brand name products.

The increase in the number of ConnPACE enrollees, who are also eligible for a MSP, can be attributed to the changes that were made to the eligibility requirements for the MSP programs. The asset test was eliminated and the income limits were increased to match those of the ConnPACE program; therefore, most ConnPACE recipients are now eligible for one of the three MSPs. Individuals who are eligible for a MSP automatically qualify for the LIS benefit with Medicare. This means that Medicare will pay the Part D monthly premiums in full for individuals enrolled in a benchmark Medicare Part D Plan, and their pharmacy co-pays will be minimal. This change went into effect on October 1, 2009, which can explain the significant changes in enrollment numbers and expenditures for ConnPACE over the past year.

The Department of Social Services contracts with HP Enterprise Services to process all applications and renewals, collect annual enrollment fees, issue ConnPACE identification cards, coordinate with PDPs to make monthly premium payments on behalf of clients, and to provide a Client Call Center.

The ConnPACE Client Call Center provides a toll free number (800-423-5026) and a local Farmington, CT number (860-269-2029) for all callers. The Client Call Center is available to callers Monday through Friday from 8:30 a.m. to 5:00 p.m. and provides program enrollment information, assistance with application questions, and coverage information.

Semi-Annual Report: July to December 2010 - Eligibility Activity

During this reporting period, the ConnPACE Client Call Center received a total of 24,070 telephone inquiries. Out of these inquiries, 20,124 calls were handled by a live agent and 3,946 calls were handled by the Automated System. The Automated System provides callers with the eligibility requirements to qualify for ConnPACE, can automatically fax an application to the caller, and can also transfer a caller to a live agent if necessary.

The Department received a total of fifty-two appeal requests for the period of July through December 2010. All appeals requests were for reconsideration of the initial denial of ConnPACE eligibility. Twenty-seven of these requests were approved and twenty-two were denied. The slight decrease in the number of appeals this reporting period can be attributed to the timing of open enrollment. Most appeals occur after the open enrollment period of November 15 through December 31, so we can expect to see an increase in appeals for next reporting period.

Semi-Annual Report: July to December 2010 - Eligibility Activity

The ConnPACE application allows couples to apply to the program jointly. The application has two sections to fill out: one for “Self”, and one for “Spouse”. The application can also be used by those applying to the ConnPACE program individually. Individual applicants will simply leave the “Spouse” section blank. This is advantageous to couples where both people are eligible for the ConnPACE program. Couples are able to renew their benefits together rather than receiving notices from ConnPACE at different times throughout the year. This avoids confusion and any other inconveniences caused by monitoring two separate applications throughout the benefit year.

The most current versions of the ConnPACE application and application instructions can be found on the ConnPACE website at <http://www.connpace.com> in both English and Spanish. The ConnPACE application was revised in December 2009 to update any questions or sections that were confusing to applicants. Our goal is to make applying to the ConnPACE program as simple and easy as possible.

ConnPACE Application Return to: ConnPACE, P.O. Box 5011, Hartford, CT 06102-5011 ConnPACE Phone Numbers: Toll Free 1-800-423-5026 or Local/Out of State 860-269-2029		
This application is for: <input type="checkbox"/> An Individual Applicant (\$30 fee required) <input type="checkbox"/> A Married Couple (\$60 fee required) Please complete all sections of the application and submit copies of documentation requested and the fee. <input type="checkbox"/> Sí, me gustaría recibir la aplicación y notificaciones del ConnPACE en Español solamente. (Yes, I would like to receive my ConnPACE application and notifications in Spanish only.)		
APPLICANT INFORMATION If you and your spouse are applying together please complete the "SELF" and the "SPOUSE" columns		
	SELF	SPOUSE (complete if applying as a married couple)
NAME	(Last) _____ (First) _____ (MI) _____ Apt # _____	(Last) _____ (First) _____ (MI) _____ Apt # _____
	(Street Address) _____ _____ CT _____	(Street Address) _____ _____ CT _____
	City _____ ZIP _____	City _____ ZIP _____
	Gender <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Gender <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	TELEPHONE / EMAIL _____	() _____ - _____ E-MAIL ADDRESS (if applicable) _____
SOCIAL SECURITY # _____	_____	_____
MEDICARE HIC # (if applicable) Copy of Card Required _____	_____	_____
DATE OF BIRTH Proof of Age required _____	month / day / year _____	month / day / year _____
RACE Optional-check one	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Native American
MARITAL STATUS Required-check one	<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated or spouse lives in nursing home	<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated or spouse lives in nursing home
RESIDENCY Proof Required	I have been a Connecticut resident for the past 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO	My spouse has been a Connecticut resident for the past 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO
DISABILITY Proof Required	I am currently receiving disability benefits under SSDI (Title II) or the SSI (Title XVI) program? <input type="checkbox"/> YES <input type="checkbox"/> NO	My spouse is currently receiving disability benefits under SSDI (Title II) or the SSI (Title XVI) program? <input type="checkbox"/> YES <input type="checkbox"/> NO
INSURANCE & MEDICARE PRESCRIPTION DRUG COVERAGE INFORMATION		
Please answer all of the following questions:		SELF
Are you or your spouse currently on STATE MEDICAID (Title 19)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your spouse currently on SPEND DOWN?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your spouse receive MEDICARE PART A benefits?*		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your spouse receive MEDICARE PART B benefits?*		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the Department of Social Services pay for you or your spouses Medicare PART B premium?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you or your spouse have Medicare Part A and/or Part B, you must be enrolled in a Medicare Part D Prescription Drug Plan prior to receiving ConnPACE benefits		
Do you or your spouse have Medicare Part D Prescription Drug Plan coverage?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, would you like ConnPACE to select a Medicare Part D PDP for you or your spouse?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please complete the information below and send a copy of the front and back of your PDP Card(s).		
SELF		SPOUSE
PDP Name: _____		PDP Name: _____
PDP Policy #: _____		PDP Policy #: _____
Starts: _____ Ends: _____ Monthly Premium: \$ _____		Starts: _____ Ends: _____ Monthly Premium: \$ _____
Do you or your spouse have private insurance that pays for prescriptions? If YES, please provide information and send a copy of your insurance card(s)		
SELF <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO
Company: _____		Company: _____
Policy #: _____ Started: _____ Ends: _____		Policy #: _____ Started: _____ Ends: _____

Semi-Annual Report: July to December 2010 - Medicare Part D

For the average monthly 27,652 ConnPACE clients with Medicare Part D, enrollment spanned across nineteen stand-alone Prescription Drug companies, encompassing forty-eight different coverage plans.

CT Medicare Rx Plan Companies	19
Medicare Prescription Drug Plans	48

Each prescription drug plan has continued to offer an individualized formulary, monthly premium, deductible, and/or prescription drug coverage during the “donut hole” period.

Cost Summary of 2010 Medicare Part D Prescription Drug Plans

Monthly Premium Range	\$10.80 to \$100.80
Benchmark Amount	\$34.57
Standard Deductible	\$310
Plans with No Deductible	20
Plans with Reduced Deductible	11
Benchmark Plans	13
Generic Prescription Coverage while in the “donut hole”	9

During this reporting period, there were three PDPs with the highest enrollment numbers for ConnPACE recipients. Approximately 32% of ConnPACE members with Medicare Part D were enrolled in AARP/United Healthcare. Second to AARP was SilverScript with approximately 7%, followed by HealthNet with about 5%. The Medicare Advantage Prescription Drug Plan (MAPD) with the highest number of ConnPACE enrollees was HealthNet, and second to this plan was ConnectiCare. Approximately 16% of ConnPACE members with a Medicare Part D plan were enrolled in a HealthNet MAPD, and 4% were enrolled with a ConnectiCare plan. Overall, 61% of ConnPACE recipients with Medicare Part D were enrolled in one of the 2010 Connecticut-approved stand-alone benchmark Medicare Part D plans. This is a slight increase from last reporting period and can be attributed to the fact that ConnPACE will only pay monthly premiums towards benchmark plans. This means, however, that approximately 39% of ConnPACE recipients were enrolled in non-benchmark stand alone plans or MAPDs. Depending on plan premiums, these individuals may have been responsible for a portion or all of their monthly premium costs. Approximately 25% of ConnPACE recipients with Medicare Part D were enrolled in MAPDs, and 14% were enrolled in non-benchmark stand alone plans.

Semi-Annual Report: July to December 2010 - Medicare Part D

There were also plans that stood out in the ConnPACE Medicare Part D premium expenditures. In addition to being the plan with the highest number of ConnPACE enrollees, AARP was the plan that received the highest amount in premium payments from the ConnPACE program. The plan with the second highest premium paid amount was SilverScript followed by HealthNet. These figures relatively correspond to the ConnPACE Medicare Part D enrollment numbers.



Enrollment in Medicare Part D is required for ConnPACE participants who are Medicare A and/or B eligible. Extra Help assistance is available for people with lower income and assets.

Depending on the level of need, Medicare Part D cost sharing may be reduced. Some ConnPACE enrollees are eligible for the extra help benefit provided by Medicare, while others will not qualify. With the new changes to the Medicare Savings Program (MSP) eligibility requirements, however, most ConnPACE enrollees will automatically qualify for the extra help as a result of being on a MSP. During this reporting period, 2,214 ConnPACE recipients were eligible for the extra help benefit by applying through the Social Security Administration (SSA), which is a decrease of 13% from last reporting period. Approximately 20,755 ConnPACE recipients were automatically eligible for the extra help benefit because they qualified for a Medicare Savings Program or SSI, which is an increase of 32% from last reporting period. Again, this increase is a result of the changes to the Medicare Savings Program eligibility requirements that went into effect October 1, 2009.

Medicare Part D monthly premiums are fully subsidized by either Medicare or ConnPACE, as long as an individual is enrolled in a Medicare Part D benchmark plan. If an individual is enrolled in a non-benchmark plan, Medicare may still subsidize a portion of the premium, but ConnPACE will no longer pay premiums towards non-benchmark plans. Any cost sharing requirements at the pharmacy will not exceed the customary ConnPACE \$16.25 per prescription copayment and may be even less. For 2010, Medicare Part D monthly premiums ranged from \$10.80 to \$100.80, and for this reporting period, ConnPACE paid an average monthly premium of \$4.58 per ConnPACE recipient. On behalf of the ConnPACE Program, HP Enterprise Services made premium payments to Medicare Part D plans that totaled \$759,342 for this reporting period.

Semi-Annual Report: July to December 2010 - Program Benefits

The ConnPACE Program covers most prescription drugs in the State of Connecticut, plus insulin and insulin syringes. Starting January 1, 2010, ConnPACE no longer covers non-formulary prescriptions that are not covered by the individual's Medicare Part D Prescription Drug Plan. ConnPACE enrollees that are eligible for Medicare Part A and/or Part B must enroll in a Medicare Part D Prescription Drug Plan of their choice. ConnPACE subsidizes the monthly Medicare Part D premiums directly to the specific Prescription Drug Plan for these individuals as long as they are enrolled in a Connecticut-approved benchmark plan.

The ConnPACE participant pays up to a \$16.25 co-payment for each prescription, and the program reimburses the pharmacy for the remainder. Medicare Part D is the primary payer for the majority of ConnPACE clients, so depending on the plan they are enrolled in and their income and asset status, co-pays are often less than the ConnPACE co-pay. ConnPACE pays towards a Medicare Part D client's deductible, coinsurance, and during the "donut hole" for co-pay costs that exceed \$16.25 per prescription.

The ConnPACE program requires prior authorization for a brand name drug that has at least three (3) Food & Drug Administration (FDA) approved A-rated generic equivalents available; and for an early refill prescription when more than 15% of the medication is remaining.

ConnPACE allows a 30-day supply or 120 units, whichever is greater, to be dispensed up to the prescribed amount. When the client has Medicare Part D coverage, however, dispensing quantities are at the discretion of the primary payer. If a PDP only allows a 30-day supply, for instance, ConnPACE will not cover the cost of a 60-day supply because the Medicare Part D Plan did not. It will be up to the pharmacy and physician to work with the Medicare Part D Plan to request a prior authorization or exception for quantity limits.

ConnPACE Services Not Covered:

- drugs prescribed for cosmetic purposes, experimental drugs, antihistamines, contraceptives, cough preparations, anti-obesity drugs, multivitamin combinations, smoking cessation gum, over-the-counter preparations
- drugs that the Federal Food and Drug Administration has determined not to be effective (DESI drugs) or vaccines obtained free of charge from the Department of Health Services
- drugs of manufacturers that do not participate in the ConnPACE Drug Rebate Program
- drugs covered by other insurance, lost or destroyed prescription drugs

ConnPACE Manufacturer Non-Rebate Participation Exceptions:

The following drugs continue to be covered by the ConnPACE Program even though the manufacturers do not participate in the ConnPACE Drug Rebate Program:

Benoquin, Colazal, Dapsone, Efudex, Mestinon, Prosed DS, and Supartz

Semi-Annual Report: July to December 2010 - Budget & Expenditures

The ConnPACE Program budget is funded by the State's appropriation, application fees, and manufacturer rebates. Expenditures consist of the subsidies provided for both prescriptions and Medicare Part D premiums.

The ConnPACE Program appropriation for State Fiscal Year 2011 was \$9,488,700. Medicare Part D has become the primary payer for approximately 58 % of all prescriptions and continues to reduce ConnPACE expenditures dramatically. Manufacturer rebates were received from 327 drug manufacturers with a decrease in the amount received from last period. Manufacturer rebates still remain lower than in prior years due to the impact of non-rebateable Medicare Part D drugs that were not invoiced to manufacturers.

July 1, 2010 through December 31, 2010

Prescription Subsidy	Application Fees	Manufacturer Rebates	Medicare Part D Premium Payments	Total State Net Expenditure
\$4,320,772	\$582,535	\$432,921	\$759,342	\$4,064,658

The claim volume decreased by approximately 50% from the last six-month reporting period,

Total Paid Claims	Average Cost Per Claim	Average Prescription Claim Per Client Per Month
75,159	\$57.49	0.45

and the average cost per claim increased by about 10% or \$5.58. The decrease in claims may be a result of the increase in ConnPACE recipients who were also eligible for a Medicare Savings Program. Individuals who were eligible for a Medicare Savings Program automatically qualified for the extra help with Medicare Part D. As a result, their pharmacy co-pays are less than the \$16.25 ConnPACE co-pay resulting in a decrease in the number of claims ConnPACE made payment on as well as the total prescription expenditures for the reporting period. For ConnPACE recipients not eligible for extra help, they may have reached the "donut hole" of their Medicare Part D benefit in the second half of the year. When a ConnPACE enrollee is in the "donut hole" and not eligible for extra help, ConnPACE becomes the primary payer for the claim. On average, each ConnPACE client received 0.45 prescriptions per month, which is a slight decrease from what was seen last reporting period.

The ConnPACE Program requires that generic products be obtained when the brand name drug has at least three FDA approved A-rated generic equivalents available. The ConnPACE Program utilizes both the Federal Allowable Cost (FAC) and the State Maximum Allowable Cost (MAC) list for mandatory generic substitution. The beneficiary also benefits because their copays could be less than the \$16.25 ConnPACE Program co-pay.

Semi-Annual Report: July to December 2010 - Budget & Expenditures

If the prescriber deems that the patient must have the brand name product, the prescriber must obtain prior authorization from the Department's Prior Authorization agent, HP Enterprise Services.

Number of Generic Prescriptions	39,749
Cost of Generic Prescriptions	\$461,014
Average Cost Per Generic	\$11.60

The remainder of prescriptions subsidized during this period were for brand name prescriptions where generics are not yet available or the prescriber has obtained authorization for a brand name product to be dispensed.

Number of Brand Prescriptions	35,410
Cost of Brand Prescriptions	\$3,859,758
Average Cost per Brand	\$109.00

There were not brand medically necessary prior authorization requests approved during this reporting period.

Co-pay Expenditures	\$4,107,412	Medicare Part D was the primary payer for approximately 58 percent of paid claims. The copay figures represent the state's contribution for Medicare Part D prescription copays, plan deductibles, and full prescription payment when clients reach the "donut hole" of the benefit. The decrease in co-pay expenditures can be attributed to the increase in ConnPACE recipients who were on a Medicare Savings Program which automatically qualifies individuals for the Low Income Subsidy/ Extra Help benefit, giving them pharmacy co-pays of \$6.30 or less. The other 42% of prescription claims can be attributed to Medicare Part D excluded drugs where ConnPACE was the primary payer or for recipients who were not Medicare eligible and only had ConnPACE to cover their drugs.
Co-pay Claim Count	43,786	
Average Cost per Claim	\$93.81	

There were no non-formulary Medicare Part D drug claims paid under the ConnPACE program for this reporting period. The extreme decrease in claims and expenditures for non-formulary drugs is a result of the policy that was implemented on January 1, 2010. ConnPACE recipients who are prescribed a non-formulary medication can discuss formulary alternatives with their prescribing physician, or the physician can file an exception or prior authorization request with the individual's Medicare Part D Plan if the non-formulary drug is deemed medically necessary.

The decrease in Medicare Part D premium expenditures this reporting period can be attributed to the new policy implemented on January 1, 2010, which directed the ConnPACE program to make monthly premium payments to Connecticut-Approved benchmark Medicare Part D Plans only. The decrease in premium expenditures can also be attributed to the increase in the number of ConnPACE recipients who are now eligible for a Medicare Savings Program (MSP). By virtue of being on a MSP, individuals automatically qualify for the Low Income Subsidy (LIS) / "extra help" benefit with Medicare Part D. Medicare is responsible for paying the full monthly premiums for LIS individuals when they are enrolled in a benchmark plan, which means that ConnPACE's financial obligation towards the monthly premium is zero.

Semi-Annual Report: July to December 2010 - Drug Utilization

Drug utilization by ConnPACE clients remains consistent with the chronic illnesses of the aged and disabled population. Nine drugs are top performers in both the dollar amount paid and the volume of prescriptions purchased as shaded below in yellow.



Top 10 Drugs by Amount Paid:

Rank	Drug Name	Total Amount Paid	Number of Prescriptions	Average Amount Paid	Use
1	Plavix 75 mg	\$213,573	1,654	\$129.13	Anticoagulant
2	Nexium 40 mg	\$139,944	1,041	\$134.43	Gastrointestinal
3	Aricept 10 mg	\$103,452	640	\$161.64	Alzheimer's
4	Spiriva 18 mcg	\$99,154	768	\$129.11	Asthma
5	Lipitor 20 mg	\$89,440	906	\$98.72	Anticholesterol
6	Advair Diskus 250-50 mcg	\$75,200	573	\$131.24	Asthma
7	Lipitor 40 mg	\$74,422	741	\$100.43	Anticholesterol
8	Lipitor 10 mg	\$71,413	980	\$72.87	Anticholesterol
9	Lantus 100 u/ml	\$66,495	633	\$105.05	Diabetes
10	Aciphex 20 mg	\$66,030	295	\$223.83	Gastrointestinal
	TOTAL	\$999,123	8,231	\$121.39	

Top 10 Drugs by Number of Prescriptions:

Rank	Drug Name	Number of Prescriptions	Amount Paid	Average Amount Paid	Use
1	Plavix 75 mg	1,654	\$213,573	\$129.13	Anticoagulant
2	Nexium 40 mg	1,041	\$139,944	\$134.43	Gastrointestinal
3	Lipitor 10 mg	980	\$71,413	\$72.87	Anticholesterol
4	Lipitor 20 mg	906	\$89,440	\$98.72	Anticholesterol
5	Spiriva 18 mcg	768	\$99,154	\$129.11	Asthma
6	Lipitor 40 mg	741	\$74,422	\$100.43	Anticholesterol
7	Aricept 10 mg	640	\$103,452	\$161.64	Alzheimer's
8	Lantus 100 u/ml	633	\$66,495	\$105.05	Diabetes
9	Advair Diskus 250-50 mcg	573	\$75,200	\$131.24	Asthma
10	Namenda 10 mg	525	\$56,101	\$106.86	Alzheimer's
	TOTAL	8,461	\$989,194	\$116.91	

Semi-Annual Report: July to December 2010 - Outreach

During the first half of SFY2011, the Department continued to provide important information to clients concerning the options for Medicare Part D.

The Department of Social Services continues its collaboration with CHOICES staff throughout the state to provide information and enrollment assistance for Medicare Part D. In addition, the Department continues to work closely with CMS federal officials to stay current on important Medicare Part D benefit updates, as well as participating on conference calls with the Medicare Part D Prescription Drug Plan organizations to discuss current benefit structure and to analyze the coordination of benefits with the ConnPACE program.



The Medicare Part D Bus made visits to senior centers, pharmacies, health fairs, expositions/conventions, street festivals, senior housing, community colleges, libraries, and social/human services agencies. The bus works with representatives from various agencies including CHOICES, SSA, Food Stamps, HUSKY, End Hunger CT!, VNA, Connecticut Association for Human Services (CAHS), and Department staff, who provide counseling and enrollment assistance into their various programs. The bus traveled to sixty sites between July and December 2010 to assist residents with ConnPACE questions, Medicare Part D program questions, and Low Income Subsidy requirements in addition to other DSS programs such as Medicaid, Medicare Savings Programs, Food Stamps, Connecticut Home Care for Elders, etc. The Medicare Part D Bus activity has increased since last reporting period due to the Medicare Part D annual open enrollment period of November 15, 2010 through December 31, 2010. During open enrollment, the Medicare Part D bus tends to increase its activity to reach out to as many people as possible.

The Department continues to support <http://www.connpace.com> to make program information, applications, brochures, semi-annual reports to the Governor, and links to other related sites more widely available. The ConnPACE website was last updated in November 2010 with information on ConnPACE eligibility requirements, Medicare Part D, and the policy changes that went into effect for the 2010 calendar year.



Semi-Annual Report: July to December 2010 – Reflections

As we approach the second half of SFY2011, it is important to look at the changes the ConnPACE program has experienced, as well as the changes that are coming our way. There were a number of new policy changes implemented in the 2010 benefit year. These changes had a significant impact on the ConnPACE program, decreasing enrollment numbers as well as program expenditures. The ConnPACE program did not increase the eligibility income limits for the 2010 calendar year due to a suspension in the annual COLA increase, and the last changes in the income and asset limits for Social Security's "extra help"/LIS benefit with Medicare Part D were made on April 1, 2010.

The Department mailed out letters to all ConnPACE recipients at the end of 2010 that included important information for the 2011 benefit year. DSS felt that it was important to remind recipients of the ConnPACE open enrollment period and the new benchmark plans for the 2011 benefit year. For all of 2010, ConnPACE only made monthly premium payments on behalf of individuals enrolled in Connecticut-approved Medicare Part D benchmark plans. Also for 2010, ConnPACE stopped all payment of Medicare Part D non-formulary drugs. The letter also reminded ConnPACE recipients of these important program changes. Copies of the 2010 ConnPACE letter and more details on important things to remember about the program can be viewed on the ConnPACE website www.connpace.com under "Important Things to Remember about ConnPACE".

Overall, ConnPACE has continued to be a successful program for more than twenty-four years, helping Connecticut's elderly and disabled citizens with prescription coverage and much more. We look forward to the same success in the 2011 benefit year!

Any questions or comments pertaining to information contained within this report may be addressed to:

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