

**Iowa Medicaid
Clinical Advisory Committee**



Meeting Minutes
January 17, 2014
1:00 p.m. - 4:00 p.m.

Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions - Jason Kessler, MD, Pediatrics, opened the meeting by welcoming everyone and making introductions of CAC members.</p> <p>Present: Kirk Peterson, MD, Family Practice; Linda Gehrke, ARNP, Family Practice; Daniel Wright, DO, Pediatrics; Mark Davis, PA-C, Family Practice, Dawn Schissel, MD, Family Practice, Joseph Kimball, DO, Family Practice; Patricia Magle, MD, Family Practice and Christopher Goerd, MD, Internal Medicine.</p> <p>Absent: Lisa Soldat, MD, Family Practice.</p> <p>Non-committee members present: Andria Siep, Lindsey Buechel, Koreen Rayl, Elizabeth Momany, Jeff Knappen, Alycia Marler, Andy McGuire, Allison Lane, Nate Noble, Kurt Sinnett, Nick Ford, Melody Walter, Meagan Evans, Andi Dykstra, Tom Luft, Maddie Benton, Jan Hutcheson, and Shannon Bliss.</p> <p>CAC Member terms and new nominations: Dr. Kessler gave an overview and background history of the CAC. He stated member terms are for three years with an option of a second three-year term, if desired. Dr. Schissel and Dr. Soldat will be at the end of their first term after the April 2014 meeting and are both eligible to serve a second three-year term. They are to let Dr. Kessler know of their intentions before that meeting. Dr. Peterson and Linda Gehrke will be at the end of their second three-year term after the July 2014 meeting. They are both encouraged to give suggestions to Dr. Kessler for future CAC members. Dr. Kessler also told the CAC members that specified criteria that has previously been reviewed by the CAC will now be going to specialists for review. This will shorten the number of criteria to be reviewed at future CAC meetings.</p>		Dr. Kessler
2.	<p>Approval of Minutes from the October 18, 2013 Meeting Motion to approve by - Dawn Schissel Seconded by - Kirk Peterson Minutes were unanimously approved.</p>		Dr. Kessler

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<p>3.</p>	<p>Medicaid Updates</p> <p>A. Managed Healthcare Clinical Advisory Committee -</p> <p>i. HMO Expansion - Meridian HMO is an option in Iowa with 41,500 members enrolled. This program has been active for two years. DHS will be conducting a program integrity review of Meridian Health Plan at the end of January 2014.</p> <p>ii. MediPass Report - This program looks at providers with greater than 20 members that have disenrolled. There have been no issues with providers. The volume of Medicaid members on this program has increased.</p> <p>iii. Magellan Update - DHS will be conducting an external quality review of Magellan in February 2014.</p> <p>He spoke about the new population under the Iowa Health and Wellness Plan (IHWP) which has PCCM and HMO components.</p> <p>He stated Integrated Health Homes are for members with serious and persistent mental illness. There are 6,000 members enrolled in 5 counties. Phase 2 of this program will add 29 counties. There are 4,000 regular health homes for members with 1-2 chronic conditions.</p>		<p>Dennis Janssen</p>
	<p>B. Iowa Health & Wellness Plan (IHWP) includes people from 0-138 percent of the federal poverty level (FPL). It is a HMO type program with two plans. Coverage for people at 0-100 percent of the FPL will be a benefit package that will mirror state employee benefits. Coverage for people at 101-138 percent of the FPL will be provided by Coopertunity and Coventry through the Marketplace Choice. Information is available on the IME website. There is a statewide network of providers. There is retroactive eligibility back to the first of the month of application. FQHC reimbursement is that providers receive equal to the Medicaid rate. There are no out-of-pocket costs for family planning services. Members are encouraged to take an active role in their own health care. Premiums are waived for the first year. Beginning in the second year 0-50 percent FPL have no premium; 50-100 percent FPL have \$5/month; 101-138 percent PFL have \$10/month. 100 percent of the FPL is \$11,490 for individuals and \$23,550 for a family of four. If the member can show evidence of hardship, the premium can be waived. If the member is determined to be medically exempt, they would qualify for the Medicaid state plan.</p>		<p>Andria Siep</p>

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	<p>C. Eligibility Update - The Iowa Cares transition has been completed. Member Services staff conducted a verification of income and the following members were automatically transferred - 43,000 to the IHWP; 8,700 to Marketplace Choice; and 11,000 to the health insurance market place which includes tax credits and reduced cost-sharing. Enrollment packets were sent out in November and December 2013 and the total enrollment now is 48,000 IHWP and 10,000 Marketplace Choice. The next step will be for those members who enrolled in January 2014. 74 counties provide managed care and this comprises 86-90 percent of those enrolled. February 2014 will bring an increase to 83 counties providing managed care. 21 counties provide HMO. Members have full access to benefits and prescription drug coverage.</p>		Lindsey Buechel
	<p>D. IHIN Update - Subscribers to the Iowa Health Information Network (IHIN) include: Genesis Medical Center in Davenport; Henry Co. Hospital; Jefferson Co. Hospital; and Decatur Co. Hospital. The University of Iowa and Unity Point are indicating their interest; Mercy will join the summer of 2014; and Sioux Falls, South Dakota will also come on board in the future. Hospitals and clinics are beginning to establish the connections necessary for sharing information with the immunization and laboratory systems.</p>		Koreen Rayl
4.	<p>University of Iowa, Public Policy Center - <u>Outcomes of Care for Iowa Medicaid Enrollees</u>, SFY 2012 She spoke on an increase in well child visits. Visits appear to decrease after age 5 and increase at age 12 with the requirement of school sports physicals. A question was asked about the tracking of immunizations from age two rather than from birth. It is easier to track from records at the physician's office rather than birth at the hospital which is listed with various other charges. A CAHPS consumer survey was conducted from May-July 2013 and mailed to 6,400 child and adult enrollees. An initial survey was mailed; a postcard reminder in 10 days; a second mailing in three weeks; and an online option. The response rate was 25 percent. The results indicate children in SSI had lower health status; were more likely to report need for care; and have similar ratings in care and quality components except dental rated higher. Adults in SSI had lower health status; were more likely to report need for care; and reported higher in medical home components.</p>		Elizabeth Monamy, PhD

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5.	<p>Public Comment Period</p> <p>Dr. Nathan Noble is a physician from Unity Point and a certified geneticist. He wanted to advocate for expanded coverage by utilizing what is known about genetic testing; looking at Medicaid coverage in surrounding states; and offered his services to be a part of the process in expanding the criteria to be clinically relevant and cost-effective. He stated it would be best to provide a level of care commensurate for children with special needs. Sixty percent of their patients are Medicaid. They perform gold standard evaluations for autistic disorders. In 2013, the CPT codes changed and these evaluations are not covered from a diagnostic aspect. As this is no longer a covered expense, the member must incur the cost and it is expensive. This change is deferring the cost to people who cannot afford it. He reiterated it is a difficult task to develop a meaningful policy. There are currently 10 certified geneticists in Iowa which are part of a panel of 25 qualified people that could be involved in this process. He gave the example of the state of Illinois where less tests are required. He questioned why the change in coding was necessary. His process now includes requesting an exception to policy (ETP) from IME, which can either be approved or denied.</p>		
6.	A. Criteria Review		Dr. Kessler
	<ol style="list-style-type: none"> 1. Bariatric Surgery - Criterion #3 - changed “weight loss program” to “lifestyle modification program”. Criterion #5 - medical clearance - added “for surgery, specifically”. 2. Cardiac Rehabilitation - Treatment staff - changed “physically present in the hospital” to “readily available”. Cardiac rehab nurse - added ACLS certified. Physical therapist - changed “expertise in unusual exercise programs” to “expertise as needed”. Changed “Social Worker” to “Social Services”. Admission criteria - changed “Post-streptokinase” to Post-thrombolytics”. 3. Diabetes Education - General characteristics - changed “they must learn to self-treat” to “they will be taught to self-treat”. Restrictions and limitations on payment - added “complete” to diabetic self-management education program. Added paragraph about diabetic education program with CPT and HCPC codes. Dr. Kessler will provide clarification about once in a lifetime limitation under IAC at the next meeting. 4. Enteral Products-Supplies - no changes recommended. 		

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	<p>5. Environmental Modification-Adaptive Devices - no changes recommended.</p> <p>6. Genetic Testing - HOLD for review at next meeting. Recommendations to be considered from a specialist panel.</p> <p>7. Automated Medication Dispenser - no changes recommended.</p> <p>8. Botulinum Toxins - Criterion #1"o" - remove > 15 days per month with headache lasting four hours a day or longer. HCPS Code - added note.</p> <p>9. Chest CT Angiography - no changes recommended.</p> <p>10. CT Chest for Pulmonary Emboli - no changes recommended.</p>		
	<p>B. New Criteria</p> <p>1. Non-preferred Diabetic Supplies - no changes recommended.</p> <p>2. Power Seat Elevation for Power Wheelchairs - no changes recommended.</p>		
7.	<p>Old Business</p> <p>DOT physicals: course can be taken online. Fewer providers are performing the exams. Drivers are not happy if their license cannot be renewed.</p>		
8.	<p>New Business/Discussion</p> <p>A. Coverage edits for gynecology screening - Healthy women under age 21 or over age 65 do not require a PAP screen. Medicaid covers the tests - providers should use them appropriately.</p> <p>B. CHCS Report - "High Volume Medicaid Obstetric and Pediatric Practices". This report comes out in February 2014 and Dr. Kessler will send it out to the CAC members. The report will be discussed at the April 18 CAC meeting.</p>		Dr. Kessler
9.	<p>Upcoming Meetings</p>		Dr. Kessler
	A. April 18, 2014		
	B. July 18, 2014		
	C. October 17, 2014		
10.	Adjournment of Meeting		Dr. Kessler

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