

**Iowa Medicaid
Clinical Advisory Committee (CAC)**



Meeting Minutes
January 15, 2016
1:00 p.m. - 4:00 p.m.
Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions -</p> <p>A. C. David Smith, MD, General Surgery, IME Medical Director, opened the meeting by welcoming everyone and introductions were made. He stated the committee is currently one person short and had received correspondence from a Davenport chiropractor expressing interest. The chiropractor was present and gave a synopsis of her interest in being a part of the CAC. He asked for opinions from the CAC and the general consensus was that it is more appropriate for a CAC member to be in medical practice rather than chiropractic care. Dr. Schissel and Dr. Silvers will provide names to Dr. Smith of potential members from rural, southern Iowa. Present: Dawn Schissel, MD, Family Practice; Mark Davis, PA-C, Family Practice; Daniel Wright, DO, Pediatrics; Nicholas Galioto, MD, Family Practice; Andrea Silvers, MD, Family Practice; Joseph Kimball, DO, Family Practice; Christopher Goerd, MD, Internal Medicine and Sherry Buske, ARNP, Family Practice.</p> <p>B. Non-committee members present: Liz Matney, Rick Riley, Sarah White, Molley Lopez, Mickey Knosby, Angela Smith, Cathy Vanderlinden, Jane Riggins and Jan Hutcheson.</p>		Dr. Smith
2.	<p>Approval of Minutes from the October 16, 2015 Meeting</p> <p>A. Motion to approve by - Dawn Schissel Seconded by - Mark Davis Minutes were unanimously approved.</p>		Dr. Smith
3.	<p>Medicaid Updates</p> <p>A. Iowa High Quality/Health Care Initiative/IA Health Link Update Liz spoke on the move of Medicaid to managed care organizations (MCO) on January 1, 2016. CMS conducted an onsite review of DHS and the MCOs and moved the implementation date to March 1, 2016. She stated both the Magellan and Meridian contracts ended on December 31, 2015. She stated the hearing has taken place for WellCare (one of the four MCOs) and the decision was made for termination. Any members assigned to this MCO will be reassigned to one of the other three MCOs.</p>		Liz Matney

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	<p>She stated there is an emphasis on member communication to provide them with information to make informed choices. Final assignments of an MCO for the members occurred on December 19. The member has 90 days to change their MCO and another opportunity to change on an annual basis without cause. A member can change their MCO at any time with proper cause. She stated provider training has occurred across the state and the feedback received was that it was high level information presented and not the “nitty-gritty” needed for the process. This training is available on the DHS website. She stated Behavioral Health Intervention Services (BHIS) are being paid at IME for January and February. There is no prior authorization required unless it is an inpatient psychiatric hospital admission or a Psychiatric Medical Institute for Children (PMIC) facility. The safe harbor goes from January 1 through March 31 and all providers will be reimbursed at 100 percent. There is a push for the MCOs to complete the development of their network of providers. The continuity of care provisions was scheduled for January 1 through March 31 and has now been extended through May 31. The MCOs must honor the previous prior authorizations, providers, and long-term services for nursing facility and HCBS waiver programs.</p>		
	<p>B. Update of future directions of CAC Dr. Smith says there is no solid direction for the future of the CAC as of yet, options are still being explored. He will communicate with the CAC members exactly what the CAC will do when that information is available. He stated changes may occur and there may be different members on the CAC. Dr. Smith stated the MCOs will have their own criteria and IME may provide oversight for this as well as continue with the current criteria for fee-for-service members.</p>		Dr. Smith
	<p>C. State Innovation Model (SIM) Update Karilynne stated CMS goals are to move to Value. By 2016, 30 percent alternative payment model (ACO, HH, bundles) and by 2019, 50 percent to alternative payment model. The goal is better care, lower costs, and improve quality. The three-part aim addresses social determinants of health which includes physical environment, clinical care, and behaviors.</p>		Karilynne Lenning

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	<p>Medicaid, using MCO oversight, will ensure each MCO will use a value-based purchasing model for at least 40 percent of the population by 2018. Population health is the driver in the SIM grant to develop statewide strategies on diabetes, obesity, tobacco cessation, medication safety and obstetrical care. SIM supports two care coordination tools for the delivery system: SWAN (Statewide Alert Notifications) and C3s (Community Care Coalitions). She stated two ACOs are currently live with SWAN alerts and are sending and receiving notifications. The alert goes to the primary care provider (PCP) if the patient is seen outside their organization. Alerts are currently for the Medicaid population. They include inpatient admissions, inpatient discharges, and emergency department (ED) discharges. The 2016 statewide SIM learning community dates are March 8, July 12, and November 9. The Iowa Health Care SIM website is: http://www.ihconline.org/asp/sim/sim.aspx.</p>		
4.	Public Comment Period - There were no public comments.		Dr. Smith
5.	Criteria Review		Dr. Smith
	<ol style="list-style-type: none"> 1. Automated Medication Dispenser - Added #4 under telephone monitoring. 2. Bariatric Surgery - Revision of wording in criterion #1. Removal of criterion #2b regarding weight loss and criterion #9 regarding phentermine. 3. Botulinum Toxins - Removed criterion #1q as was a duplicate of #1n. Under non-covered removed "wrinkles" and included in "cosmetic conditions". 4. Cardiac Rehabilitation - Treatment staff - changed "physician" to "medically trained provider". Changed "certified to the level of basic life support" to "ACLS certified". Changed "director" to "physician medical director of the facility". Admission criteria - changed "attending physician" to "provider knowledgeable in the assessment and treatment of cardiovascular disease". Changed "inoperable" to "cardiac disease not amenable to invasive interventional therapies". Medical records - changed "physician" orders to "provider" orders. 5. Chest CT Angiography - Omit this criteria. 6. Chest CTA and CT for Pulmonary Emboli - Combined with Chest CT angiography criteria. Added paragraph on standard of care. Added criterion #2 and #3. 		

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	<p>7. Diabetes Education - Restrictions and limitations - removed “payment for complete diabetic self-management education once in the member’s lifetime”. Added follow-up assessments at 3 and 12 months “and as required without additional charge”. Added “additional education is reimbursable as justified with documentation of member’s poor diabetic self-control”.</p> <p>8. Enteral Products-Supplies - No changes recommended.</p> <p>9. Environmental Modification-Adaptive Devices - No changes recommended.</p> <p>10. Non-preferred Diabetic Supplies - Criterion #1 changed “physician, physician assistant or nurse practitioner” to “licensed provider”.</p> <p>11. Power Seat Elevation for Power Wheelchairs - No changes recommended.</p> <p>12. Pembrolizumab (Keytruda[®]) - Removed dosing information. Removed reference to ipilimumab (Yervoy). Added information on non small cell lung cancer (NSMCLC).</p> <p>13. Continuous Glucose Monitoring - Removed paragraph regarding investigational and non-coverage of non-pancreas units (CGM and insulin pump therapies).</p> <p>14. High Frequency Chest Wall Oscillators - No changes recommended.</p>		
6.	<p>Old Business No old business for discussion.</p>		Committee
7.	<p>New Business/Discussion No new business for discussion.</p>		Committee
8.	<p>Upcoming Meetings A. April 15, 2016 B. July 15, 2016 C. October 21, 2016</p>		Dr. Smith
9.	<p>Adjournment of Meeting</p>		Dr. Smith

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