Iowa Medicaid
Clinical Advisory Committee

Meeting Minutes
January 16, 2015
1:00 p.m. - 4:00 p.m.
Iowa Medicaid Enterprise conference rooms 128 & 130

1.	Welcome and Introductions - Jason Kessler, MD, Pediatrics, IME Medical Director, opened the meeting by welcoming everyone and making introductions of CAC members. Present: Sherry Buske, ARNP, Family Practice; Patricia Magle, MD, Family Practice, Christopher Goerdt, MD, Internal Medicine, Mark Davis, PA-C, Family Practice; Daniel Wright, D.O., Pediatrics; and Nicholas Galioto, MD, Family Practice. Absent: Dawn Schissel, MD, Family Practice; Andrea Silvers, MD, Family Practice; and Joseph Kimball, DO, Family Practice. Non-committee members present: Sabrina Johnson, Andria Seip, Pam Lester, Kelly Williams, Sally Nadolsky, Melody Walter, Meagan Evans, Angela Smith, Lisa Tagye, Jan Hutcheson, Cathy Vanderlinden, Maddie Kasper, Jane Riggins, Jennifer Ober, and Kelly Espeland. CAC member terms - Dr. Kessler stated no new CAC members are needed until January 2016.		Dr. Kessler
2.	Approval of Minutes from the October 17, 2014 Meeting Motion to approve by - Mark Davis Seconded by - Nicholas Galioto Minutes were unanimously approved.		Dr. Kessler
3.	Medicaid Updates		
	A. Managed Healthcare Clinical Advisory Committee - i. HMO/Meridian Update - ii. MediPASS Report - iii. Magellan Update - Sabrina stated that Liz Matney was unable to attend this meeting and no updates were forwarded to either her or Dr. Kessler.		Sabrina Johnson
	B. Health Homes Update - Pam stated the pilot will be completed the end of January 2015. They have received good feedback on how to integrate health homes into their practice. There are currently 6,000 members. There are currently 2,000 on the Lock-In program with 406 in a HH. There are six new clinics as a patient centered medical health home. There is a draft tool kit which will be a part of their orientation process.		Pam Lester

	C. Lock-In Kelly stated the Lock-In program is for over-utilization of Medicaid services. This could include: Emergency Room use for non-emergent reasons; multiple providers; and multiple prescriptions. The member is "locked-in" to one provider and one pharmacy. They are encouraged to understand their medications. If the member is locked-in to a physician who is part of a clinic, any of the clinic providers can see the member. If the provider deems a specialist is necessary, this can be added to their LI card. Resident physicians do not have an NPI number so the prescribing physician must order the prescriptions. Common reasons for visits to the ER include migraine, abdominal pain, and unspecified pain. LI review does not occur for members under age 21. They receive referrals from DIA, board of medicine, and program integrity. They use PMP which is a prescription monitoring program. The highest enrollees are located close to Iowa's borders. There are currently 2,044 enrolled in the LI program. There are 500 in the Pre-Lock-In program based on medical health information. There has been a cost savings of $39 million since 2010 and $8.9 million in 2014. If the member is on the IHAWP, they can also be placed in the LI program.		Kelly Williams
	D. Iowa Health and Wellness Plan Update/State Innovation Model (SIM) Update - Andria had handouts that will be sent to the CAC members. The SIM update is that Iowa has been awarded Phase II funding. Phase I was to implement ACO in IHAWP and Phase II is an ACO model to move other Medicaid members into enrollment. The ACO model for non-waiver population will be in 2016 and for LTC programs and waiver in 2017-2018. In 2018, full Medicaid will be achieved. The IHAWP update is the first year is completed with 115,000 enrolled. The incentive piece is Healthy Behaviors and for participation, members can waive premiums for the next year of enrollment. 28,000 members completed their HRA and 30,000 completed a wellness exam; 16,000 completed both. In the month of January, there were no premiums and now premiums will begin in February. Of the 19,500 who have been on the program for twelve months, 12,800 will receive premium notices of $10/month. The member can claim a hardship if they cannot pay.		Andria Seip

	Iowa has an EMT waiver through July 31, 2015. In the Marketplace Choice - CoOportunity disbanded and their end date was November 30, 2014. There were 10,000 enrolled that were placed in the Wellness Plan. The member could also ask to be moved to Coventry. There is a requirement to have two choices and IME is working with CMS on this. The monthly premium is based on income, so for the members moved to the Wellness Plan, they would continue to pay $10/month rather than $5/month the Wellness Plan members pay. There could be a patient perception of wanting to be private insurance rather than Medicaid. There were 70,000 on Iowa Care and 50,000 were automatically enrolled in the Wellness Plan. 65,000 have been added that were not previously on Medicaid.		
4.	Bariatric Surgery CoE's and MBSAQIP CMS eliminated the need for a center of excellence and metabolic bariatric surgery accreditation quality improvement project in 2013. This is the only criteria focused on a center rather than a physician. The other criteria are related to the member. Transplants do not require a specific facility for follow-up. This will be discussed more during criteria review.		Dr. Kessler
5.	Public Comment Period - Scott Odgers from DexCom spoke about continuous glucose monitoring. There are three components: receiver, transmitter, and sensor. In the last eight years, the results have been equivalent to fingersticks for accuracy. Guidelines have received FDA approval for age two through adults. Use of a CGM improves HgbA1c by ½ to 1 percent. There are a decrease in hospital stays, ER visits, and EMT calls. A significant glucose elevation and ketoacidosis are avoided and the quality of life is improved. Twelve States have Medicaid coverage of CGM. The initial prescription is through a diabetes center or endocrinologist. Callibration is done twice daily. The cost is comparable to an insulin pump. Dan Slater, ARNP spoke about CGM and has used it at Blank Endocrinology for 2-3 years. He stated you are more quickly able to assess the patient's needs and are able to avoid acute care episodes and EMT calls. One-third of the population seen at Blank Endocrinology are Medicaid members.		

6.	A. Criteria Review		Dr. Kessler
	1. Automated Medication Dispensers - Added last paragraph in References Used. 2. Bariatric Surgery (CoE/MBSAQIP criterion) - Removed criterion #2 regarding Center of Excellence (CoE) and Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) requirement. Added criterion #9 regarding phentermine. Added last paragraph in References Used. 3. Botulinum Toxins - Added paragraph in References Used. 4. Cardiac Rehabilitation - Added last paragraph in References Used. 5. Chest CT Angiography - Added last paragraph in References Used. 6. Chest CT for Pulmonary Emboli - Note after criterion #2 replaced pulmonary angiography as test of choice with CTA. Added last paragraph in References Used. 7. Diabetes Education - Added last paragraph in References Used. 8. Enteral Products - Supplies - Added last paragraph in References Used. 9. Environmental Modification-Adaptive Devices - Added last paragraph in References Used. 10. Non-preferred Diabetic Supplies - Criterion #6 combined with Criterion #4. Added paragraph in References Used. 11. Power Seat Elevation for Power Wheelchairs - Added paragraph in References Used. 12. Rhinoplasty - defer to next CAC meeting. 13. Septoplasty - defer to next CAC meeting. 14. NEW Pembrolizumab (Keytruda®) 15. NEW Continuous Glucose Monitoring 16. NEW High Frequency Chest Wall Oscillators		
7.	Old Business - No old business for discussion.		Committee
8.	New Business/Discussion -No new business for discussion.		Committee
9.	Upcoming Meetings		Dr. Kessler
	A. April 17, 2015		
	B. July 17, 2015		
	C. October 16, 2015		
10.	Adjournment of Meeting		Dr. Kessler

Contact:
Jason Kessler, MD, Medical Director
(515) 256-4635
jkessle@dhs.state.ia.us

Darla Baarda
(515) 974-3016
dbaarda@dhs.state.ia.us