

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



Meeting Minutes
January 20, 2017
1:00 p.m. - 4:00 p.m.

Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions</p> <p>A. Announcements - C. David Smith, MD, General Surgery, IME Medical Director, opened the meeting by welcoming everyone and introductions were made.</p> <p>Present: Nicholas Galioto, MD, Family Practice; Kathleen Lange, MD, Family Practice; Dawn Schissel, MD, Family Practice; Joseph Kimball, DO, Family Practice; Andrea Silvers, MD, Family Practice; Daniel Wright, DO, Pediatrics; Mark Randleman, DO, IME Medical Director; Victoria Sharp, MD, Amerihealth Caritas; KellyAnn Light-McGroary, MD, United Healthcare; Mark Dearden, DO, United Healthcare; and Eric Quivers, MD, Amerigroup.</p> <p>Absent: Sherry Buske, ARNP, Family Practice.</p> <p>B. Non-committee members present: Bob Schleuter, Paula Motsinger, Marni Bussell, Becky Carter, Cathy Vanderlinden, Jan Hutcheson and Colleen Kacher.</p> <p>C. Recognition of Dr. Kimball. Dr. Kimball was presented with a certificate of appreciation for his time served as a CAC member.</p>		Dr. Smith
2.	<p>Approval of Minutes from the October 21, 2016 Meeting</p> <p>A. Motion to approve by - Nicholas Galioto Seconded by - Kathleen Lange Minutes were unanimously approved.</p>		Dr. Smith
3.	<p>Old Business</p> <p>A. Medical Policy changes - none</p> <p>B. MCO Monitoring Dr. Smith provided a handout on the MCO Performance Data for SFY2017, Quarter 1.</p>		Dr. Smith
	<p>C. State Innovation Model (SIM) Update Marni provided a handout of the SIM driver diagram. She stated we will begin award year 3 on May 1, 2017. The final draft and budget will be completed by March 1, 2017. A visioning roundtable is being compiled by DHS Director Charles Palmer. They will be developing a new operation plan as well as future goals.</p>		Marni Bussell

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4.	<p>New Business</p> <p>A. Intellectual Disability Waiver (IDW) Services - Paula Motsinger Paula spoke about the eligibility requirements and the enrollment process for the IDW. The services available are: interim medical monitoring and treatment; supported community living; consumer directed attendant care (CDAC); respite; home and vehicle modification; prevocational services; supported employment; home health aide; adult day care; transportation; and nursing services. She spoke on the ICF/ID level of care that is required for this waiver. She also provided a handout on program comparisons for the various waivers available. She was asked by the CAC members to bring examples of the level of care forms as well as examples of approvals and denials for the various waiver programs being discussed.</p> <p>B. MCO Medical Directors Update - Dr. Sharp stated Amerihealth Caritas holds stakeholder meetings quarterly. The members report wanting a focus on fitness programs, additional gym options, incentives, health topics to learn about their diseases - breast and cervical cancer screenings; smoking cessation - medications and alternatives. They are currently experiencing challenges with the pharmacy benefit manager. Providers want to discuss barriers for accessing care, billing process, and prior authorization process. In the first quarter of 2016, there were 216 appeals and 100 percent were resolved within 45 days. The top reason was pharmacy issues. She provided letters sent to providers on prior authorization requests, emergency department visits, JIVA portal, and claim deadlines. She also provided territorial maps for Behavioral Health and LTSS and Hospitals. She stated their challenges are placement issues as well as clinical issues that include the use of 17-P, Lupron, and insulin pen needles. The difficulty is often who to ask - pharmacy or medical? Dr. Light-McGroary stated United Healthcare also holds stakeholder meetings of which the attendance is 51 percent members. The issues raised are transportation, reward plans, increasing member engagement, engagement in the community, SSID benefits, employment specialists, and discuss barriers for access to care. She stated their appeal rate is decreasing as we get farther away from the</p>	<p>Guests</p>
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	<p>MCO go-live date. State Fair Hearings often resolve the issues before going to an ALJ hearing. They are asking who are the high-cost members, who has an increase in use of the emergency department, and what are the challenges to access - housing, food, heat in winter. Another clinical issue is access to behavioral health providers. She also stated that gender dysphoria treatment should be discussed as the IAC supports medical treatment; however, not surgical treatment. She stated that location and age limitations should be discussed. She stated we should be proactive rather than reactive. Dr. Smith will put this on the agenda for the April CAC meeting. She also stated they are seeing a high cost of medications on a national level that could be coming to Iowa as well.</p> <p>Dr. Quivers stated that Amerigroup has held three stakeholder meetings. The issues are billing, claims, case management, and utilization management. Members concerns are shortage of mental health providers, claims/billing issues, access in rural areas, and how to increase the delivery of care. Their appeals were 14 in April through June (due to the waiver period) and 370 in July through December. He stated the appeal process sometimes bypasses a peer-to-peer discussion before the appeal. The challenges are shortage of mental health providers and members being sent out-of-state due to behavioral issues.</p> <p>C. Quality Measures - Dr. Smith stated the quality measures are available on the DHS website.</p> <p>D. Recommendations for new CAC members - Dr. Smith stated the new members could be a physician assistant, internist, someone from the U of I, and located in geographical areas other than central Iowa. He asked the CAC members to send any recommendations to him.</p>		
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5.	<p>Public Comment Period - Derek Bush from Allergan had recommendations for the Botulinum Toxins criteria. He stated the FDA indication for overactive bladder was missing from the criteria. This would be administered by a cystoscope and has a 9-12 month duration. It would be used in patients who had failed the use of anticholinergics.</p>		Dr. Smith
6.	<p>University of Iowa request for emergency obstetrical diagnoses Becky provided a handout of this request from the U of I. The CAC recommended that Dr. Smith send a letter to them and request that these diagnoses be reviewed on a case-by-case basis.</p>		Becky Carter
7.	<p>Criteria Review</p>		Dr. Smith
	<ol style="list-style-type: none"> 1. Automated Medication Dispenser - Removed criterion #2 regarding PRN and over-the-counter medications 2. Bariatric Surgery - No changes recommended 3. Botulinum Toxins - Criterion #1n - removed overactivity “associated with a neurologic condition such as spinal cord injury, multiple sclerosis” and added “or well-documented overactive bladder” 4. Cardiac Rehabilitation - Under Admission Criteria added “CHF, NYHA Class 2-4 with LVEF <35 percent on stable heart failure medications for six weeks” 5. Chest CTA and CT for Pulmonary Emboli - No changes recommended 6. Continuous Glucose Monitoring - No changes recommended 7. Diabetes Education - No changes recommended 8. Enteral Products - Supplies - No changes recommended 9. Environmental Modification-Adaptive Devices - No changes recommended 10. High Frequency Chest Wall Oscillators - No changes recommended 11. Non-Preferred Diabetic Supplies - No changes recommended 12. Pembrolizumab (Keytruda®) - No changes recommended 13. Power Seat Elevation for Power Wheelchairs - No changes recommended 14. Pegloticase (Krystexxa®) - Added information under description. Added criterion #1 iii, vii, c and d. 15. Eteplirsen (Exondys 51) - this is a new criteria 		

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8.	Other New Business/Discussion No other new business for discussion.		Committee
9.	Upcoming Meetings A. April 21, 2017 B. July 21, 2017 C. October 20, 2017		Dr. Smith
10.	Adjournment of Meeting		Dr. Smith

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