

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



Meeting Minutes
July 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. Announcements - C. David Smith, MD, General Surgery, IME Medical Director, opened the meeting by welcoming everyone and introductions were made.</p> <p>Present: Mark Davis, PA-C, Family Practice; Dawn Schissel, MD, Family Practice; Nicholas Galimoto, MD, Family Practice; Andrea Silvers, MD, Family Practice; Kathleen Lange, MD, Family Practice and Sherry Buske, ARNP, Family Practice.</p> <p>Absent: Daniel Wright, DO, Pediatrics; Joseph Kimball, DO, Family Practice; and Christopher Goerd, MD, Internal Medicine.</p> <p>B. Guests: Dr. Mark Dearden and Dr. KellyAnn Light-McGarry from United Healthcare and Dr. Victoria Sharp from Amerihealth Caritas.</p> <p>C. Non-committee members present: Jodi Legg, Bob Schleuter, Tanya McAninch, and Meagan Evans,</p>		Dr. Smith
2.	<p>Approval of Minutes from the April 15, 2016 Meeting</p> <p>A. Motion to approve by - Mark Davis Seconded by - Sherry Buske Minutes were unanimously approved.</p>		Dr. Smith
3.	<p>Old Business</p> <p>A. New CAC member-Dr. Kathy Lange-Centerville, IA Dr. Smith introduced Dr. Lange as the newest member of CAC. The October CAC meeting will be the end of the second three-year term for Mark Davis. It will also be the end of the first three-year term for Dr. Wright and Dr. Goerd. Dr. Smith will ask them if they desire to remain on the CAC for a second three-year term.</p> <p>B. MCO Monitoring</p> <p>i. Monthly quality metrics for April and May A handout was provided with a waiver breakdown by MCO with no specific identification of the MCO. A handout was provided of Access and Quality Health Outcomes report. Some of the MCOs have more than a third of a specific condition, so it is not evenly split across the three MCOs. The data is looking for trends as there has been no baseline set. Dr. Smith indicated he will meet with the MCO medical directors one to two weeks before each quarterly CAC meeting.</p>		Dr. Smith

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	<p>C. Medical Policy changes – none</p> <p>D. State Innovation Model (SIM) Update A handout was provided of the SIM driver diagram. Bob gave the CAC a history of the SIM grant. There are four drivers within the model: population health; care coordination; community based performance improvement; and value based purchasing. For population health, the statewide strategy groups are meeting on diabetes, tobacco, and obesity. This fall additional strategies will be developed around patient and family engagement, social determinants of health, and care coordination. For care coordination, each of the six C3 communities is assigned a QI advisor from Iowa Health Care (IHC) and baseline assessments are complete. A dashboard is being built to provide the C3's to be able to enhance their efforts toward the SIM goals. This also includes the SWAN alert notification system which is currently being utilized for the Medicaid population and a strategy is planned to expand this population. All five Medicaid ACO's are live with SWAN notifications. Without this alert, there would be a potentially missed opportunity for a provider to reach out and provide input into a patient's care plan or coordination of care when they seek care outside of their primary care provider (PCP) assignment. For Community Based Performance Improvement, the IHC hosted the second of three SIM learning communities on July 12. Topics included discussion from experts on healthcare transformation and population health. The next learning event will be November 9. For value based purchasing, we continue to have internal discussions at IME to facilitate the alignment between the MCOs and the SIM goals.</p>		<p>Bob Schleuter</p>
<p>4.</p>	<p>New Business</p> <p>A. State of Iowa Task Force Dr. Smith stated the goal is to promote healthy living programs. The topics include obesity, care coordination, diabetes, and tobacco cessation. The recommendations are to involve the community. A rapid response team is set up for policy changes at the State level.</p> <p>B. Review of Waiver Services - Paula Motsinger Paula gave an overview of waiver services. Some waivers have a waiting list. It is planned to release another 2,500 slots. Whenever a slot closes for a waiver program, five more slots are re-issued.</p>		<p>Guests</p>

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	<p>From the application date, it could be two and a half to three years before getting on the waiver. There are six waiver programs which include Elderly, Health & Disability, Physical Disability, Children’s Mental Health, Intellectual Disability and Brain Injury. Most of the Medicaid population is on the Elderly Waiver program. Habilitation services are also provided to Medicaid members; however, this is a State plan and not a waiver. Admissions to a waiver program are to be completed within two business days. A potential barrier is receiving information from the MCOs. The cover page needs to be submitted with the documentation for review. At some point, the level of care certification forms will no longer be used and IME will receive information from the MCOs via Core Standardized Assessment (CSA) with an international resident assessment instrument (interRAI).</p>		
5.	Public Comment Period - There were no public comments.		Dr. Smith
6.	Criteria Review		Dr. Smith
	<ol style="list-style-type: none"> 1. 21-gene RT-PCR Assay (Oncotype Dx) – Criterion #5 added “or progesterone positive or both”. 2. Ado-trastuzumab emtansine (Kadcyla) – Criterion #1 added “over expression of the HER2 gene”. Criterion #2 added “failed treatment or shown inadequate response with”. 3. Back-up Ventilators – Criterion #1 regarding spontaneous ventilation, removed “for four or more consecutive hours”. 4. BRCA I-II Testing – Under Criteria added “must meet one of the following numbered criteria”. 5. Cochlear Implant – Criterion #1 changed “nine” months to “twelve”. Added specifics for “12 to 24 months” and “older than 2 years”. Added Criterion #5, #6, and #7. 6. CT or MRI for Incidental Lesions – Changed criteria title from “CT or MRI” to “Imaging” for Incidental Lesions. Added Criterion #3. 7. Habilitation Level of Care – No changes recommended. 8. Idursulfase (Elaprase) – Added paragraph with description above Criteria. Criterion #1 added description of Hunter Syndrome. 9. Linear Accelerator Based Stereotactic Radiosurgery (LABSR) – Added “Laser” to the criteria title. 		

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	<p>10. Memantine (Namenda) for Autism Spectrum Disorder (ASD) – Under Criteria, added information on controlled trial in children with autism.</p> <p>11. Natalizumab (Tysabri) – Added description above Criteria.</p> <p>12. Pegloticase (Krystexxa) – Added description above Criteria.</p> <p>13. Percussors – No changes recommended.</p> <p>14. Prophylatic Mastectomy – Criterion #1 added another four syndromes. Added Genetic Home Reference NIH.</p> <p>15. Pulmonary Rehabilitation – Revised section on Restrictions and Limitations on Payment.</p> <p>16. Reduction Mammoplasty – Criterion #1 added “exception to policy for age less than 22”. Criterion #2 added paragraph on conservative management. Added Schnur Sliding Scale.</p> <p>17. Strollers and Wheelchairs for Safety – No changes recommended.</p> <p>18. Zytaze – Recommend disbanding this criteria as medication is available over the counter.</p> <p>19. Oritavancin (Orbactiv) – Added description above Criteria.</p> <p>20. Fluocinolone acetate intravitreal implant (Iluvien & Retisert) – Under DME, Criterion #2 added “contraindications to their use”. Added Reference of Am J Manag Care.</p>		
7.	Other New Business/Discussion No other new business for discussion.		Committee
8.	Upcoming Meetings A. October 21, 2016 B. January 20, 2017		Dr. Smith
9.	Adjournment of Meeting		Dr. Smith

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