

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



Meeting Minutes
July 17, 2015
1:00 p.m. - 4:00 p.m.
Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions -</p> <p>A. Jason Kessler, MD, Pediatrics, IME Medical Director, opened the meeting by welcoming everyone.</p> <p>B. Present: Dawn Schissel, MD, Family Practice; Patricia Magle, MD, Family Practice, Mark Davis, PA-C, Family Practice; Daniel Wright, D.O., Pediatrics; and Nicholas Galioto, MD, Family Practice.</p> <p>C. Absent: Andrea Silvers, MD, Family Practice; Joseph Kimball, DO, Family Practice; Sherry Buske, ARNP, Family Practice; Christopher Goerdts, MD, Internal Medicine.</p> <p>D. Non-committee members present: Deanna Jones, Sabrina Johnson, Kim Foltz, C. David Smith, Meagan Evans, Lori Palm, Melody Walter, Marni Bussell, Jan Hutcheson, Angela Smith, and Lisa Tagye.</p>		Dr. Kessler
2.	<p>Approval of Minutes from the April 17, 2015 Meeting</p> <p>A. Motion to approve by - Mark Davis Seconded by - Nicholas Galioto Minutes were unanimously approved.</p>		Dr. Kessler
3.	<p>Medicaid Updates</p>		
	<p>A. Managed Healthcare Clinical Advisory Committee</p> <p>i. HMO/Meridian Update</p> <p>ii. MediPASS Report & Magellan Update</p> <p>iii. Magellan Update</p> <p>Bob Schlueter was not able to attend the CAC meeting and no updates were forwarded.</p>		Bob Schlueter
	<p>B. Iowa High Quality Health Care Initiative Update</p> <p>Bob Schlueter was not able to attend the CAC meeting. Dr. Kessler delivered updates provided by Mr. Schlueter.</p> <p>The State has received 11 bids and is expected to announce the two to four managed care organizations selected on August 7, 2015. Four upcoming federal waiver public meetings will be held: July 27 in Davenport; July 31 in Des Moines; August 3 in Cedar Rapids; and August 5 in Sioux City. Locations are available on the DHS website.</p>		Bob Schlueter

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	<p>C. Iowa Health and Wellness (IHAWP) Update The quarter ended on June 30, 2015. There are a total of 133,701 members with 119,000 on Iowa Wellness and 33,582 on Marketplace. CoOpportunity withdrew in December 2014 and Coventry is not accepting new members. Billing statements were sent in June to 9,157 wellness members with 27 percent paid. Billing statements were also sent in June to 8,320 Marketplace members with 30 percent paid. These bills will go to collections if unpaid after 90 days. A question was asked about the incentive to pay and the answer was there is none. Bills go to collections; however, members will not be disenrolled from IHAWP for failure to pay. The Non-Emergency Transportation Waiver (NEMT) ends July 31, 2015. CMS is deciding whether to allow Iowa to continue this waiver. Members previously in Iowa Care are satisfied with the IHAWP program. A question was asked as to how many Iowans are uninsured. Dr. Kessler will check on this and report back to CAC members.</p>		<p>Deanna Jones</p>
	<p>D. SIM Update The State Innovation Model (SIM) grant of \$43.1 million was awarded to IME in 2014. The goals are to improve the delivery of health care; lower cost; and improve population health. 2015 is the ramp-up year with 2016 through 2018 being the testing years. IME is working with the Department of Public Health (IDPH) through value based purchasing to improve population health. Community care teams were established as a resource for social care coordination statewide. Currently, there are three teams established by the legislature - Fort Dodge; Mason City; and one in Dallas County. Data transparency will look at real-time information for admissions and discharges. Technical assistance approach will be utilized with collaboration through Iowa Health Care (IHC) collaborative using the Hospital Engagement Network (HEN) and expanding from the hospital setting to a community setting. August 18, 2015 is the kick-off meeting at the Altoona Events Center at Prairie Meadows. Registration is on the IHC website - www.ihconline.org. Information is available on the DHS website.</p>		<p>Marni Bussell</p>

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4.	<p>Undocumented persons short-term emergency services</p> <p>A. Members are required to meet all of the financial Medicaid criteria with the exception of the citizen requirement. Emergent coverage was only valid for three days per episode. The application has been corrected with no limit of three days and to provide approval for an unlimited number of days per episode. Members can have one emergent episode per month. Form 470-5299 is on the DHS website.</p>		Sabrina Johnson
5.	<p>Public Comment Period</p> <p>A. Dr. Kessler shared with the CAC members and provided a copy of a letter from Bruce Marshall, M.D. and Mary Dwight of the Cystic Fibrosis Foundation regarding high frequency chest wall oscillation vests and cystic fibrosis patients.</p> <p>B. Dr. Kessler shared with the CAC members an email and provided a handout on Cochlear Implants from Kalisha Barrett of Cochlear Americas.</p> <p>C. Ricardo Carneiro spoke to the CAC members on Ortavancin (Orbactiv™) which is new criteria to be discussed during criteria review. He requested the CAC consider not having a prior authorization needed for use of this medication. The medication is a single 1200 mg IV infused drug given over a 3-hour time period which provides 10 days of antibiotic therapy. It reduces the length of hospital stays, and decreases emergency room visits and hospital admissions. For skilled laborers in rural areas, it is often difficult to return and continue IV therapy. The cost of the medication is \$2,900. The code of C9444 may be used.</p>		
6.	A. Criteria Review		Dr. Kessler
	<ol style="list-style-type: none"> 1. 21-gene RT-PCR Assay (Oncotype DX) - Added NCCN reference. 2. Ado-trastuzumab emutansine (Kadcyla) - Updated NCCN reference. 3. Back-up ventilators - No changes recommended. 4. BRCA 1-2 Testing - No changes recommended. 5. CT or MRI for Incidental Lesions - No changes recommended. 6. Idursulfase (Elaprase) - No changes recommended. 7. LABSR - Added "at least one" of preface. Made other indications notation a separate paragraph. Added trigeminal neuralgia and thalamotomy for tremor and contraindications (as per CMS LCD L30318). 		

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	<p>8. Natalizumab (Tysabri) - Added prescribing information reference.</p> <p>9. Memantine (Namenda) for ASD - Criteria #1, #4a, and #4h removed reference to Pervasive Developmental disorder (PDD). Criterion #4g added “not associated with ASD”. Under References Used, removed individual names and listed as “panel” and added DSM-V reference.</p> <p>10. Pegloticase (Krystexxa) - Added prescribing information reference.</p> <p>11. Percussors - Criterion #1 replaced “The Vest” with HFCWO device.</p> <p>12. Prophylactic Mastectomy - Criterion #1 added “including rearrangements detected via BRAT”.</p> <p>13. Pulmonary Rehabilitation - No changes recommended.</p> <p>14. Reduction Mammoplasty - Added plastic surgery reference.</p> <p>15. Zytaze - No changes recommended.</p> <p>16. Hab Level of Care - Removed reference to admission and subsequent services review.</p> <p>17. Cochlear Implant - Added CMS references.</p> <p>18. Strollers and Wheelchairs for Safety - No changes recommended.</p> <p>19. NEW - Oritavancin (Orbactiv™)</p> <p>20. NEW - Fluocinolone acetate intravitreal implant</p>		
7.	<p>Old Business</p> <p>A. Vitamin D levels in deficiency and supplementation. Codes 82306 (25-OH Vit. D) and 82652 (1,25-(OH)2 Vit. D) - once per day limit.</p>		Committee
8.	<p>New Business/Discussion</p> <p>A. Dr. Kessler will check on coverage of drug testing for managing pain patients.</p>		Committee
9.	<p>Upcoming Meetings</p> <p>A. October 16, 2015</p> <p>B. January 15, 2016</p> <p>C. April 15, 2016</p>		Dr. Kessler
10.	<p>Adjournment of Meeting</p> <p>A. Motion to adjourn by - Dawn Schissel</p> <p>B. Seconded by - Daniel Wright</p>		Dr. Kessler

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