

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



Meeting Minutes  
October 16, 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. He stated the January CAC meeting would be the end of Dr. Patricia Magle's term and she is unable to attend this meeting, so today is her last meeting.</p> <p>B. Present: Dawn Schissel, MD, Family Practice; Patricia Magle, MD, Family Practice, Mark Davis, PA-C, Family Practice; Daniel Wright, DO, Pediatrics; Nicholas Galimoto, MD, Family Practice; Andrea Silvers, MD, Family Practice; Joseph Kimball, DO, Family Practice; and Christopher Goerd, MD, Internal Medicine.</p> <p>C. Absent: Sherry Buske, ARNP, Family Practice.</p> <p>D. Non-committee members present: Bob Schlueter, Deanna Jones, Andi Bryan, Nick Ford, Marilyn Walsh, Maddie Benton, Malinda Malcolm, and Lisa Tagye.</p>		Dr. Kessler
2.	<p>Approval of Minutes from the July 17, 2015 Meeting</p> <p>A. Motion to approve by - Dawn Schissel Seconded by - Mark Davis Minutes were unanimously approved.</p>		Dr. Kessler
3.	<p>Medicaid Updates</p> <p>A. Iowa High Quality/Health Care Initiative/IA Health Link Update Bob spoke on the move of Medicaid to four managed care organizations (MCO) on January 1, 2016. The contracts have been signed and MCO's are now offering contracts to providers. The State is meeting with the MCO's on a daily operational basis on desk reviews and onsite reviews. Provider toolkits are available on the DHS website. Tentative MCO member assignments will be done in November. They become final assignments 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. Members will receive an informational form from their tentative MCO. Members will need to check the MCO provider network to be sure their preferred provider is listed. The new branding is called IA Health Link. The State wants to realize outcomes that will deliver savings.</p>		Bob Schlueter

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	<p><b>B. Update of future directions of CAC</b>          Dr. Kessler stated 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 committee. With the four MCO's running the majority of the Medicaid population, they most likely will not be using our current criteria. The Medicaid population that remains in fee-for-service would use our current criteria.</p>	<p>Dr. Kessler</p>
	<p><b>C. Iowa Health and Wellness Update</b>          Deanna stated there are 140,000 in IHAWP with approximately 35,000 Marketplace members and 104,000 Wellness members. The Marketplace is in the first year of enrollment and there are 3,520 who may be dis-enrolled on November 1, 2015 due to failure to pay the premium and not meeting the healthy requirements. There are 13,243 Wellness members who may be subject to collection of the monthly premium. The premium for Marketplace members is \$10/month and for Wellness members is \$5/month. These members may re-apply immediately. The State has control over the monthly premium collections and could take the money out of the member's state income tax refund. The member is also able to show a hardship and can have the premium amounts waived.</p>	<p>Deanna Jones</p>
	<p><b>D. SIM Update</b>          Karilynne stated goals are to improve population health, transform healthcare, and promote sustainability. To improve population health, they will focus on four areas: diabetes, medication safety, obesity, and tobacco use. Care coordination will be provided by community resource coordination and the statewide alert notification system (SWAN). Transform healthcare: decrease preventable readmissions by 20 percent and decrease preventable emergency department utilization. They are collaborating with Iowa Health-Care Collaborative (IHC) on this. Promote sustainability: decrease the cost of care and increase the participation of primary care providers in value based purchasing (VBP). IME is leading the effort with the use of value index scoring (VIS), which has already been in use in the state by Wellmark. The MCO's will continue this.</p>	<p>Karilynne Lenning</p>

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	The public policy center at the U of I will have direct involvement with evaluation of this project.		
4.	<p>SWAN (StateWide Alert Notifications) System - ADT (Admit/Discharge/Transfer) Notifications</p> <p>Andi stated ADT connections are common within organizations; however, they are not statewide. They initially look at three cases: emergency department discharge; inpatient admission; and inpatient discharge. The alerts must have enough information to act, be timely, and be used by care teams to improve outcomes. The initial roll-out in 2015 will have participation from hospitals in each ACO, limit the alerts to direct feeds at the ACO only, and Medicaid members with PCP assignments. There are three ways to receive alerts: direct message address to SWAN; connection to the SWAN STP to pull information; and SWAN connects to the ACO SFTP site and pushes the information. The goal is to expand to more use cases (pharmacy, urgent care, LTC), more payers (Medicaid MCO's, private pay) and alerts to clinics and care teams using both direct feeds and direct messaging options. Broadlawn's is connected and sending ADT's. Genesis and Unity Point have VPN's set up and are preparing to send ADT's. They continue to reach out to Iowa hospitals to set up kick-off calls. The website is <a href="http://dhs.iowa.gov/ime/about/state-innovation-models">http://dhs.iowa.gov/ime/about/state-innovation-models</a>.</p>		Andi Bryan
5.	Public Comment Period - There were no public comments.		
6.	A. Criteria Review		Dr. Kessler
	<ol style="list-style-type: none"> <li>1. Ceiling Track Lifts - No changes recommended.</li> <li>2. Electric Patient Lifts - No changes recommended.</li> <li>3. Hemangioma Removal - Descriptions of CPT codes and addition of ICD-10 diagnosis codes.</li> <li>4. Home-Vehicle Modification - Removed criteria #2, #6 and #7. Added last paragraph in Reference Used.</li> <li>5. Mobility Related Devices - No changes recommended.</li> <li>6. Nipple Tattooing - No changes recommended.</li> <li>7. Nutritional Counseling - Addition of CPT code descriptions and references.</li> <li>8. Pain Management - Minor word changes and insertion of text of IAC reference.</li> <li>9. Panniculectomy - No changes recommended.</li> <li>10. Pediatric SNF LOC - Added criterion #4. Under #3B changed respirator to ventilator support. Removed #3E. Removed referral to physician review on #4D and #4F. Added referral to physician review to #7D and #7H. Removed #9H. Added reference addendum.</li> </ol>		

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	<p>11. Power Wheelchair Attendant Controls - No changes recommended</p> <p>12. Pre-Vocational Services - No changes recommended.</p> <p>13. Virtual Colonoscopy - No changes recommended.</p> <p>14. NEW - NIPT cfDNA</p>		
7.	<p><b>Old Business</b></p> <p>A. Numbers of undocumented and uninsured in Iowa</p> <p>1. Undocumented - IDPH noted just under 1,000 women who presented with eligibility for emergency coverage for deliveries in 2013.</p> <p>2. Uninsured - Recent Gallup shows Iowa is 5<sup>th</sup> lowest in Nation at about 5 percent, which would be about 165,000 people.</p> <p>B. Coverage of drug testing for managing pain patients. (follow-up July 21, this issue was not related to coverage or coding)</p>		Committee
8.	<p><b>New Business/Discussion</b></p> <p>A. Clarification was asked about the total of 560,000 Medicaid members. The 140,000 Wellness members and 35,000 Marketplace members are included in this total number. There are 5,000 - 10,000 Medicaid members on fee-for-service.</p> <p>B. Mental health coverage - shortage in Iowa. There are not enough beds for placement.</p> <p>C. Question of who is and is not going to be in managed care. This was clarified and the details can be found on the modernization website.</p> <p>D. Discussion on technology limitations in the assignment of members to MCO's. For example, the MCO's may make PCP assignments; however, they may not be able to do so based on past Medicaid claims data of whom that member may have seen when not covered by that MCO.</p>		Committee
9.	<p>Upcoming Meetings - subject to change based on future direction of the committee as a whole.</p> <p>A. January 15, 2016</p> <p>B. April 15, 2016</p> <p>C. July 15, 2016</p>		Dr. Kessler
10.	Adjournment of Meeting		Dr. Kessler

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