

**Iowa Medicaid  
Clinical Advisory Committee**



Meeting Minutes

July 18, 2014

1:00 p.m. - 4:00 p.m.

Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions - Jason Kessler, MD, Pediatrics, IME Medical Director, opened the meeting by welcoming everyone and making introductions of CAC members. Present: Kirk Peterson, MD, Family Practice; Linda Gehrke, ARNP, Family Practice; Dawn Schissel, MD, Family Practice, Joseph Kimball, DO, Family Practice; Patricia Magle, MD, Family Practice, Christopher Goerdts, MD, Internal Medicine and Nicholas Galioto, MD, Family Practice. Absent: Daniel Wright, D.O., Pediatrics; Mark Davis, PA-C, Family Practice. Non-committee members present: Pam Lester, Lori Jarmon, Andria Seip, Kim Foltz, Sally Nadolsky, Andi Dykstra, Kelly Espeland, Scott Clair, Lori Palm, Angela Smith, Jan Hutcheson, and Maddie Kasper. CAC Member terms: This is the last meeting for Dr. Peterson and Linda Gehrke and they were each presented with a certificate of appreciation for serving on the committee for eight years. Andrea Silvers, MD and Sherry Buske, ARNP will join the committee in October. Elizabeth Matney is the new policy representative to the CAC, replacing Dennis Janssen who recently retired. This is her first meeting with the CAC.</p>		Dr. Kessler
2.	<p>Approval of Minutes from the April 18, 2014 Meeting Motion to approve by - Dawn Schissel Seconded by - Kirk Peterson Minutes were unanimously approved.</p>		Dr. Kessler
3.	<p>Medicaid Updates</p>		
	<p>A. Managed Healthcare Clinical Advisory Committee - i. HMO Expansion - The goal since January 1, 2014 has been to increase enrollment and move to additional counties. Counties recently added are Worth, Winnebago, and Monroe. Meridian is working on a variety of initiatives to improve quality of care ii. Magellan Update - Integrated Health Homes were implemented in July 2013 and are now in the third phase. The goal is to improve outcomes for Medicaid members and be fully implemented by December 31, 2014. Liz stated that CAC members could let her know what they would like her to report on at future meetings.</p>		Elizabeth Matney

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	<p>B. Iowa Health &amp; Wellness Plan Update - Marketplace Choice currently has 23,000 members; Iowa Wellness Plan has 84,198 members. The Dental Wellness Plan is through Delta Dental and implemented in May 2014 with 10,000 members seen. The Healthy Behaviors Program has new branding and incentives of no co-payments for participation of members. There is a toolkit for providers on how to bill for the Wellness exam and health risk assessment and provides promotional materials for member outreach - <a href="http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit_05092014_2.pdf">http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit_05092014_2.pdf</a>. An informational letter for the Wellness Exam - <a href="http://dhs.iowa.gov/sites/default/files/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf">http://dhs.iowa.gov/sites/default/files/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf</a>. More information regarding Health Risk Assessment and Healthy Behaviors - <a href="http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/bulletins2014">http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/bulletins2014</a> - See Informational Letters 1387, 1388, and 1389. Information on Medically Exempt determination and move to the Medicaid State Plan - takes member out of IHWP for more robust services. <a href="http://dhs.iowa.gov/sites/default/files/MedicallyExemptToolkit_Final_07092014.pdf">http://dhs.iowa.gov/sites/default/files/MedicallyExemptToolkit_Final_07092014.pdf</a> and <a href="http://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Attestation%20and%20Referral%20Form_FINAL_12092013.pdf">http://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Attestation%20and%20Referral%20Form_FINAL_12092013.pdf</a>. Annual provider training dates and times - <a href="http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT">http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT</a>. Weekly Iowa Health and Wellness Plan email notifications - email subscribe along with your name, organization, and contact information to <a href="mailto:IMECommunications@dhs.state.ia.us">IMECommunications@dhs.state.ia.us</a>.</p>	<p>Andria Seip</p>
	<p>C. Wellness ACOs - Participants in the Wellness Plan ACO are Broadlawn Hospital, University of Iowa Health Alliance, and Unity Point Health Partners. More information on the Value Index Score domains being used by ACO's - <a href="http://dhs.iowa.gov/sites/default/files/MedicalHomeBonus_Final_12262013.pdf">http://dhs.iowa.gov/sites/default/files/MedicalHomeBonus_Final_12262013.pdf</a> Information about State Innovation Model (SIM) - <a href="http://dhs.iowa.gov/ime/about/state-innovation-models">http://dhs.iowa.gov/ime/about/state-innovation-models</a>.</p>	<p>Andria Siep</p>

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	<p>D. Health Home v2.0 and HH Update - There are currently 48 health homes, 78 clinic sites, and 14 potential new sites. Orientation is provided for new clinics which include the patient tiering tool and use of Iowa Medicaid Portal Access (IMPA). The HH conducted a pilot with one clinic which produced good results. This will expand to a total of four clinics. A HH tool kit is being created to establish a connection between enrollment and the use of the program. Magellan will go onsite with IME to assist in supporting IHHs to network together. To enroll as a health home - <a href="http://dhs.iowa.gov/ime/providers/enrollment/healthhome">http://dhs.iowa.gov/ime/providers/enrollment/healthhome</a>. Contact <a href="mailto:plester@dhs.state.ia.us">plester@dhs.state.ia.us</a> for questions.</p>		Pam Lester
	<p>E. Medicaid Quality Improvement Projects (QIP) - Lori spoke on the Maternal Tobacco Cessation QIP. The goals are to educate and engage health care providers to provide educational materials on alternatives to smoking which may include access to QuitLine. A survey was conducted and the question asked was if pregnant patients report they smoke, how often does your practice discuss smoking cessation methods and strategies with the patient - responses indicated never - 3%; sometimes - 23%, usually - 30%; and always - 44%. Three clinics in southern Iowa were visited onsite and 2 of 3 had a smoking cessation policy; 1 of 3 prescribed smoking cessation medication, and 2 of 3 gave referrals to QuitLine.</p>		Lori Jarmon
4.	<p>CHCS Report “High Volume Medicaid Obstetric and Pediatric Practices” The corrected link for this report - <a href="http://www.chcs.org/media/CBB-Final-Report_April-2014.pdf">http://www.chcs.org/media/CBB-Final-Report_April-2014.pdf</a> This report included three states - Iowa, Arkansas, and Pennsylvania. It looked at quality of care; size of practice; and health disparities. In Iowa, rural health clinics ranked lowest in prenatal care and 62 percent of pediatric practices reported lack of a behavioral health provider as a barrier.</p>		Dr. Kessler
5.	<p>Public Comment Period - There were no public comments.</p>		

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6.	<p><b>A. Criteria Review</b></p> <ol style="list-style-type: none"> <li>1. 21-gene RT-PCR Assay (Oncotype DX<sup>®</sup>) - no changes recommended.</li> <li>2. Ado-trastuzumab emutansine (Kadcyla) - Removed narrative that was a duplication of what is listed under criteria.</li> <li>3. Back-up ventilators - no changes recommended.</li> <li>4. BRCA I-II Testing - no changes recommended.</li> <li>5. CT or MRI for Incidental Lesions - no changes recommended.</li> <li>6. Idursulfase (Elaprase) - no changes recommended.</li> <li>7. LABSR - no changes recommended.</li> <li>8. Natalizumab (Tysabri) - no changes recommended.</li> <li>9. Memantine (Namenda) for ASD - Formatting changes.</li> <li>10. Pegloticase (Krystexxa<sup>®</sup>) - Under Criteria - removed treatment failure of at least two non-steroidal anti-inflammatory drugs (NSAIDs).</li> <li>11. Percussors - no changes recommended.</li> <li>12. Prophylactic Mastectomy - Formatting changes.</li> <li>13. Pulmonary Rehabilitation - Under Admission Criteria - removed absent social, family, and financial resources.</li> <li>14. Reduction Mammoplasty - Formatting changes.</li> <li>15. Zytaze - no changes recommended.</li> <li>16. Habilitation Level of Care - no changes recommended.</li> <li>17. Cochlear Implant - no changes recommended.</li> <li>18. Strollers and Wheelchairs for Safety - no changes recommended.</li> </ol> <p>Criteria will be reviewed by DHS policy specialists before given final approval by the Medical Director and changes implemented.</p>		Dr. Kessler
7.	<p><b>Old Business</b></p> <ol style="list-style-type: none"> <li>1. Follow-up on transcutaneous oxygen for chronic wound treatment. A wound care specialist, recommended by the committee was consulted. She indicated that this treatment was experimental in nature and probably not very effective and did not recommend coverage. DHS has elected not to pursue this any further.</li> <li>2. Vitamin D for infants who are breast-feeding. Prior approval is not required for prescribed multi-vitamins with or without iron or Vitamin D supplements for patients under 12 months of age.</li> </ol>		Committee

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8.	<p>New Business/Discussion</p> <p>A. Iowa 5 Choosing Wisely Recommendations</p> <ol style="list-style-type: none"><li>1. Don't obtain imaging studies in patients with non-specific low back pain; and don't do imaging for low back pain within the first six weeks, unless red flags are present. Due to very similar language, these two recommendations were combined into one.</li><li>2. Don't do imaging for uncomplicated headache. Imaging headache pains absent specific risk factors for structural disease is not likely to change management or improve outcomes.</li><li>3. In the evaluation of simple syncope and a normal neurological evaluation, don't obtain brain imaging studies (CT or MRI).</li><li>4. Avoid unnecessary use of computed tomography (CT) scans in the immediate evaluation of minor head injuries.</li><li>5. Don't order sinus CT or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.</li></ol> <p>No need to discuss Choosing Wisely Recommendations any further at next CAC meeting, although questions remain about definitions of red flags.</p> <p>Scott Clair, IME Statistician asked for input from the CAC members regarding problems or concerns with members on the IHWP. Discussion included members assigned to Meridian rather than MediPass; getting members to come to the office - often their telephone is disconnected. Medicaid members are often a difficult population who move around a lot. Health Risk Assessment would be useful information for providers to assist with their appointment times. Suggestion was made to have CAC members review a sample HRA report at the next meeting to discuss what information is useful and what is not and what additional information providers would like to see on these reports. A question was asked if the providers experience any concerns with long-term care and swing bed with regard to limited number of days. No concerns were noted.</p> <p>A note from Dr. Kessler: In all of the business of our meeting, I neglected to mention that Medicaid Director, Jennifer Vermeer is leaving us to take on a new role at the University of Iowa. Jennifer has been a strong leading presence for IME for 8 years and she will be greatly missed.</p>		Dr. Kessler Committee
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	Her last day is scheduled to be August 21. Current Deputy Director, Julie Lovelady will be the Interim Director and will likely carry on Jennifer's vision for IME, at least for the near future while a National search is conducted for a permanent Medicaid Director.		
9.	Upcoming Meetings		Dr. Kessler
	A. October 17, 2014		
	B. January 16, 2015		
	C. April 17, 2015		
10.	Adjournment of Meeting		Dr. Kessler

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