

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



Meeting Minutes
October 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; Sherry Buske, ARNP, Family Practice; Daniel Wright, DO, Pediatrics; Andrea Silvers, MD, Family Practice; Dennis Zachary, MD, Family Practice; Mark Randleman, DO, IME Medical Director; Victoria Sharp, MD, Amerihealth Caritas; and KellyAnn Light-McGroary, MD, United Healthcare;</p> <p>Absent: Kathleen Lange, MD, Family Practice; Mark Levy, MD, Amerigroup and Mark Dearden, DO, United Healthcare.</p> <p>B. Non-committee members present: Trebla Grant, Flora Schmidt, Gregg Gitters, Jody Legg, Ken Berry, Daniel Ihlo, State Representative Dave Heaton, Rick Riley, Tanya McAninch, Cathy Vanderlinden, Vicki Lickteig, Barb Cox, Jan Hutcheson, and Colleen Kacher.</p> <p>C. Dr. Smith stated Dr. Sam Stanton is a new CAC member who will be joining the committee in January 2018.</p>		Dr. Smith
2.	<p>Approval of Minutes from the July 21, 2017 Meeting</p> <p>A. Motion to approve by - Nick Galioto Seconded by - Daniel Wright Minutes were unanimously approved.</p>		Dr. Smith
3.	<p>Old Business</p>		
	<p>A. State Innovation Model (SIM) Update</p> <p>Tanya stated the SIM team has made great strides in their work with the MCOs in the area of aligning value based purchasing (VBP) efforts for SIM. The value index score (VIS) dashboard has been updated to reflect all MCO activity paid through June 2017. Each MCO has been granted access to the 3M dashboard and provided detailed reports that will allow them to reconcile the 3M VIS data against their own encounter data. She stated they are conducting two telephone conference calls per week to work through any identified issues. This process will continue with each subsequent refresh until everyone develops a level of trust in the data.</p>		Tanya McAninch

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	<p>She spoke about the Statewide Alert Notification (SWAN) expansion.</p> <ul style="list-style-type: none"> • 54 hospitals are actively submitting admission, discharge, transfer (ADT) files. Three of these hospitals are Unity Point hospitals on the Iowa/Illinois border. • Four of the five large accountable care organizations (ACO) have submitted eligibility files to the Iowa Health Information Network (IHIN) to receive SWAN alerts. • All three MCOs are submitting eligibility files and receiving SWAN alerts. • September generated nearly 36K alerts and nearly 190K alerts have been generated in just the last six months. • As part of the SIM work, the IHIN is working to expand SWAN alerts to include a subset of the Medicare population. <p>She stated Shelley Horak is making great progress towards developing and integrating social determinants of health (SDOH) questions into Assess My Health. This includes development of 11 measures in 7 categories that have been selected by a subset of the SDOH stakeholder workgroup. These questions will be added to Assess My Health and utilized in our C3 and Healthiest State pilot projects. The modified tool will also be used by Member Services. The data from the pilots will be combined with other data to establish a connection between social determinants and value-based payments.</p>		
4.	<p>New Business</p> <p>A. MCO Medical Directors Update - Dr. Light-McGroary stated United Healthcare is working on collaboration with state partners on the use of opioids. They have established a group with different specialties to look at prevention, treatment, remission, and harm reduction. They are looking at practice patterns and alternative methods for pain control. They are also working with the IME Quality Committee.</p> <p>Dr. Sharp stated that Amerihealth Caritas has a maternity case management program called Bright Start that has held community baby showers throughout the state. At each event, they meet with members, answer questions, provide education and assist with filling out the risk assessment.</p>		Dr. Sharp Dr. Light-McGroary Dr. Levy

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	<p>She also stated the importance of the MCOs being able to partner with IME for provider education. They have conducted 2,400 provider visits and send out a monthly network newsletter.</p> <p>They have a provider portal which provides a two-way interaction with the MCO. They have conducted member outreach for home and community services in all 99 Iowa counties.</p> <p>Dr. Levy from Amerigroup was unable to attend this meeting.</p>		
	<p>B. Recommendations for new members on CAC - Dr. Smith stated that Dr. Dennis Zachary and Dr. Sam Stanton have been recent additions to the CAC. This is the first CAC meeting which allows for attendance telephonically. Dr. Smith stated that anyone is allowed to call in for the meeting; however, public comments may only be made in-person.</p>		Dr. Smith
5.	<p>Public Comment Period -</p> <p>A. Flora Schmidt is the Executive Director of Iowa Behavioral Health. She stated they have concerns with the criteria for Vivitrol. At the last Pharmaceutical & Therapeutics (P&T) committee meeting, the discussion entailed switching this criteria from Pharmacy to Medical and no prior authorization (PA) required. The criteria we will review today wants to put the PA requirement back in. She stated they are opposed to the PA and want the emphasis to be on the medication being more affordable and remove the barriers. If the member is required to fail more often, they are left on their own to take the medication. She stated the member should not have to fail first before getting the medication they need.</p> <p>The MCOs stated they do not require a PA. Dr. Smith stated that fee-for-service (FFS) does require a PA and that policy staff determine we must cover the cost of the medication.</p> <p>B. Ken Berry and Gregg Gitters were from Alcames. Ken suggested that Vivitrol follow the national practice guidelines. A six-month study indicated a decrease in the total health cost with the use of Vivitrol as well as a decrease in inpatient admissions. He requested a continued open access to this medication.</p> <p>Dr. Smith stated this medication is not on the preferred drug list (PDL) at IME. It is given at the physician's office.</p>		Dr. Smith

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	<p>Gregg stated the burden of purchasing is on the provider. They can receive a discount through wholesale rebates. He stated the prices were less under the pharmacy benefit.</p> <p>Dr. Silvers suggested this be brought up at the next P&T committee meeting. Would the dollars be better used as a pharmacy benefit? We are to be good stewards of Iowa state money. The access and cost of this medication may be improved if it is run through the P&T committee.</p> <p>The cost of this medication is \$600-\$700 if given at the physician office and purchased wholesale. Otherwise, the cost is \$1200 if given at the physician office and they can request a federal rebate.</p> <p>Providers could experience a financial burden if there is any delay in payment at the state level. The shelf-life of the medication is up to one year.</p> <p>A question was asked if the criteria follows through the process to include the cost of coverage. Since the medication is FDA approved, Medicaid must cover at least 80 percent of the cost.</p> <p>A motion was made by Nick Galioto and seconded by Sherry Buske to recommend to policy staff for the P&T committee to reconsider taking the review of this medication back and to also have no PA required.</p>		
6.	Criteria Review		Dr. Smith
	<ol style="list-style-type: none"> 1. NEW - Transcranial Magnetic Stimulation 2. Cochlear Implant -- Criterion #7 added "age-appropriate". 3. Panniculectomy - No changes recommended. 4. Nipple Tattooing - No changes recommended. 5. Hemangioma Removal - Added criterion #1a. 6. Colongraphy - No changes recommended. 7. Non-Invasive Prenatal Testing for Aneuploidy Using Cell Free DNA - No changes recommended. 8. Pre-vocational Services - No changes recommended. 9. Pediatric Skilled Nursing Facility Level of Care - No changes recommended. 10. Ceiling Track Lifts and/or Electric Patient Lifts - No changes recommended. 11. Home and Vehicle Modification - No changes recommended. 12. Mobility Related Device Purchase - No changes recommended. 13. Power Wheelchair Attendant Controls - No changes recommended. 		

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	<p>14. Visual Aids and Vision Therapy - No changes recommended.</p> <p>15. NEW - Vivitrol (Naltrexone)</p> <p>16. NEW - Tisagenlecleucel (Kymriah)</p> <p>17. NEW - C1 Esterase Inhibitor (Haegarda or Cinryze)</p> <p>18. NEW - Ocrelizumab (Ocrevus)</p> <p>19. NEW - Avelumab (Bavencio)</p> <p>20. NEW - Durvalumab (Imfinzi)</p> <p>21. NEW - Edaravone (Radicava)</p> <p>22. NEW - Cerliponase alpha (Brineura)</p>		
7.	<p>Other New Business/Discussion</p> <p>A. Scleral Lens Dr. Smith stated this is approved for corneal irregularities after surgery. The University of Iowa would like approval in the clinic setting. The CAC approved this request.</p>		Committee Dr. Smith & Medical Services review staff
8.	<p>Upcoming Meetings</p> <p>A. January 19, 2018</p> <p>B. April 20, 2018</p> <p>C. July 20, 2018</p> <p>D. October 19, 2018</p>		Dr. Smith
9.	<p>Adjournment of Meeting</p> <p>Motion to adjourn was made by Nick Galioto and seconded by Daniel Wright.</p>		Dr. Smith

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