

hawk-i Clinical Advisory Committee
Minutes of Meeting July 21, 2016

CAC Members Present:

Teri Wahlig, MD
Deb Bixler, DO

CAC Members Absent:

Richard Votta, MD
Douglas Horton, DDS
Stephanie Sinclair, NP

hawk-i and contract staff present:

C. David Smith, MD, **hawk-i** CAC Chair
Anna Ruggle, **hawk-i** Policy
Diane Morrill, Telligen
Patty Williamson, Delta
Stephanie Trusty, IDPH
Victoria Sharp, MD, AmeriHealth
Steven Sehr, MD, AmeriHealth
Suzanne Brown, Amerigroup

Called to Order at 7:35 a.m.

Roll call of CAC members, staff from **hawk-i** Policy, Telligen, Delta, and MCOs. A quorum was not met. Approval of minutes from January 2016 meeting will be moved to next scheduled meeting.

There were no updates on MCO transition and activity or SIM.

Anna shared that House File 2460 Appropriations Bill mandates occupational therapy services be offered by all payors; a **hawk-i** board member is to become a member of the MAAC; and that the **hawk-i** board be given the capacity to monitor the delivered health needs for children on the **hawk-i** program.

Dr. Smith opened discussion on the purpose of the **hawk-i** CAC and the best way to fulfill the CAC's mission. Dr. Wahlig offered that one focus she would suggest is oversight of children with issues related to **hawk-i** coverage; especially with problems that have been experienced since the MCO transition.

From a provider standpoint, it appears that most **hawk-i** children/families have fared well with the transition. However, providers have been experiencing several issues related to changes in the processes. Since July 1 the PA process has become burdensome when dealing with the MCOs.

Areas of concern include occupational, physical, and speech therapies for children. Adult standards are being utilized; i.e., criterion for speech therapy included only applicable for patients after a stroke. Similar concerns were identified for all therapies, durable medical equipment, and treatment of children with autism. Early diagnosis and treatment is crucial and providers are spending excessive time on the telephone with the MCOs rather than seeing patients in their practice.

The MCO PDL and forms were also voiced as provider issues. The list/forms were not readily available on MCO websites, and often required member-specific PHI to reach the needed list/form.

The websites utilized by the MCOs were also discussed. The setup of the websites was discussed, as well as the fact that providers must go to multiple sites depending on the MCO. It was relayed to the CAC members that the PDL was the same as the IME PDL; however, Dr. Bixler stated she had received a negative experience based on the manufacturer of one of the prescribed medications that were available to her patient.

The CAC members were urged to send member-specific documentation to Diane or Dr. Smith to follow up on the voiced concerns. The MCO representatives also made note of the issues and intend to follow up with their staff to rectify processes, as applicable.

It was agreed that criteria utilized for children must be different than for adult patients. It was also agreed that the criteria must be based on studied results, which may be lacking for some treatments, developmental and autism included. Criteria utilized by the MCOs for OT, PT, and ST, as well as autism/developmental treatments will be requested and researched for the next scheduled CAC meeting.

There were no other topics discussed. The next scheduled meeting of this committee is October 20, 2016.

The meeting was adjourned at 8:30 a.m.