

I. Call to Order

- Dr. Steve Demetropoulos called the April 20, 2018 meeting to order, welcomed members and guests to the Medical Care Advisory Committee meeting.

II. Roll Call

- Wil Ervin called role of the voting committee members and identified the quorum was met for voting purposes.
- **Voting members in attendance were:** Chris Anderson (Jackson) – phone, Dr. Mary Currier, Dr. Steve Demetropoulos (Pascagoula), Dave Estorge (Gulfport), Dr. William Grantham (Clinton), Dr. Edward Hill (Tupelo), Dr. Billy Long (Jackson), Dr. Vicki Pilkington (Jackson)
- **Voting members not in attendance were:** Dr. Allen Gersh (Jackson), Brad Mayo (Oxford), Dr. Shannon Orr (Jackson), Dr. James Rish (Tupelo)
- **Non-voting members in attendance were:** Senate Medicaid Chairperson Senator Brice Wiggins - phone
- **Non-voting members not in attendance were:** Medicaid Chairperson Representative Chris Brown, Public Health and Human Services Chairperson Representative Sam Mims, Appropriations Chairperson Representative John Read, Senate Medicaid Vice-Chairperson Senator Hob Bryan, Public Health and Welfare Chairperson Senator Dean Kirby, Appropriations Chairperson Senator Buck Clarke

III. Approval of meeting minutes from January 11, 2018

- *Motion: Dr. Steve Demetropoulos*
- *Second: Chris Anderson*
- *Meeting minutes were approved unanimously*

IV. Old Business – Presentations

1. Dr. Dorthy Young – Division of Medicaid
 - State Plan, Waiver, Administrative Code updates and Future Filings
 - Home Health SPA is updated on rules in compliance with CMS final rule – CMS requested additional information (RAI) due by 9/1/2018
 - Tribal notification policy includes administrative paperwork related to the notification of the MS Band of Choctaw Indians
 - General medical equipment and medical supply reimbursement addresses concerns of beneficiaries and providers related to recent CMS reductions in the medical equipment reimbursements that negatively impact the state – asking CMS for flexibility so that DOM can address the issues it has caused
 - LTC updates are under review in the Governor’s Office related to submit administrative final rule requirements
 - Physician UPL is under Governor review to be updated every 3 years (last updated 2014)
 - Medicaid Administration SPA has been submitted to CMS 3/30/18
 - Community Support Program SPA – finalizing public notice, expires 10/31/18
 - CHIP SPA - CMS submission 1/9/18; RAI issued 2/18/18
 - Healthier MS Waiver is up for 3 year renewal period; CMS Submission 9/28/17
 - Workforce Training Initiative – completeness letter 1/22/18; ongoing discussion with CMS
 - Intellectual Disabilities/ Developmental Disabilities (ID/DD) Waiver Renewal – expires 6/30/18; drafting public notice and tribal notification
 - Assisted Living (AL) Waiver – expires 9/30/18; renewal due 6/30/18
 - Statewide Transition Plan – completing final draft to send to CMS regarding home community based services
 - Therapeutic Leave – in process; being updated to comply with SPA changes

- Speech Therapy – Effective 5/1/18; revised provider requirements to include student speech therapy service
 - BCBA Telehealth – in process
 - Pharmacy Reimbursement – revising language to comply with SPA changes
 - Search fee – in process
 - Program Integrity – in process
 - Home Health – revising language
 - DME – revising language
 - Transportation – in process; revising to comply with SPA changes
 - Respiratory Therapy – in process; adding language
- Potential Future Filings
 - 2018 Legislative Session – language revision
 - APR-DRG Updates – under Executive review
 - Change of Ownership (CHOW) and Appeals
 - Non-Emergency Transportation (NET) – met with Singing River Hospital and the issues have been addressed through the RFP process; currently in pre-review
2. Medical Care Advisory Committee Legislative Report – pay-for-performance discussion
- Who defines the goals? How are the goals measured? Are the goals the same for all providers?
 - How to get a baseline and measure performance progress?
 - How to develop fair performance metrics? What resources are available to assist those that are falling below standard?

V. New Business – Presentations

1. Bariatric Surgery

- Dr. Avara and Dr. Payne– South Mississippi Surgeons
 - Bariatric surgery is the only proven known therapy that gives people long-term control of their weight.
 - Most popular is sleeve gastrectomy has a 70-80 percent fall below their BMI within one year with exercise and diet. 60-70 percent will have about 5 years of significant weight loss.
 - Complication rates have improved because of patient management, nutritional guidance, and required long term patient follow up.
 - The majority of commercial insurance companies cover bariatric surgery
 - Medicare covers bariatric surgery
- Dr. Becky Waterer – Centene/ Magnolia Health Plan
 - All states cover bariatric surgery except: Kentucky, Mississippi, and Montana
 - Centene’s clinical policy refers to states that do not have a state plan amendment guidelines
 - Louisiana identified barriers: patient compliance, provider resistance, and long term complications
- Dr. Frazier – UnitedHealthcare
 - Patients need education and motivation in order to be successful
 - Bariatric surgery is a reasonable type of care in 2018

2. National Best Practices for Preventive Care

- Dr. Dorthy Young – MS Division of Medicaid
 - Wellness benefit is divided into age-based categories
 - State mandates comes from CMS based on the Agency for Healthcare Research and Quality (AHRQ) recommendations
- Dr. Becky Waterer – Centene/ Magnolia Health Plan
 - Member engagement is driven by case management to help members complete preventative screenings.
 - Provider education incentives
 - Performance-for-Pay (PFP) measures are joint based decisions. Providers are not penalized for not meeting performance expectations. Centene works with providers to help reach performance goals.

- Dr. Frazier – UnitedHealthcare
 - Remain in compliance with US Preventative Services Task Force
 - They provide members with a Member Services Handbook which also outlines wellness programs

3. Reimbursement rate reductions

- DOM will pay for the study and will devote a full meeting to evaluate the study

VI. Final Comments/ Action Items

1. Understand how Medicaid providers are reimbursed – methodology?
2. How many physicians in-state are MS Medicaid providers?
3. How many beneficiaries are receiving care out of state – 5 years until now?
4. How many licensed physicians in the state are Medicaid providers?
5. From MCO's- How many providers accept Medicaid and enrollment numbers?
6. What cost saving methods/programs that have saved money in the last 5 years?
7. What is the cost of morbid obese patients?
8. What is the cost of obesity vs. the cost of bariatric surgery for 5 to 7 years?

VII. Next Meeting – July 27, 2018 (TBA)

VIII. Adjournment

Dr. Steve Demetropoulos adjourned the meeting