

I. Call to Order

- Dr. Steve Demetropoulos called the August 24, 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:** – Dr. Mary Currier, Dr. Steve Demetropoulos (Pascagoula), Dr. Allen Gersh (Jackson), Dr. William Grantham (Clinton) - phone, Dr. Edward Hill (Tupelo), Dr. Billy Long (Jackson), Brad Mayo (Oxford) – phone, Dr. Shannon Orr (Jackson), Dr. James Rish (Tupelo) - phone
- **Voting members not in attendance were:** Chris Anderson (Jackson), Dave Estorge (Gulfport), Dr. Vicki Pilkington (Jackson)
- **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 April 20, 2018

- *Motion: Dr. Steve Demetropoulos*
- *Second: Dr. Allen Gersh*
- *Meeting minutes were approved unanimously*

IV. Approval of travel from April 20, 2018

- *Motion: Dr. Steve Demetropoulos*
- *Second: Dr. Allen Gersh*
- *Travel was approved unanimously*

V. Old Business – Presentations

1. Dr. Jason Dees – Division of Medicaid updates

State Plan, Waivers, Administrative Code updates and Future Filings

- SPA 17-0001 Home Health updated on rules in compliance with CMS final rule – CMS requested additional information (RAI) due by 9/1/2018; approved 8/9/2018
- SPA 18-0001 LTC updates approved 5/17/2018
- SPA 18-0002 Physician UPL approved 4/20/2018 Medicaid Administration SPA has been submitted to CMS 3/30/18
- SPA 18-0003 Medicaid Administration approved 6/28/2018
- SPA 18/0004 APRDG updates submitted 7/2/2018
- SPA 18-0005 LTC Updates #2 submitted 8/22/2018
- SPA 18-0006 1915 (i) Community Support Program submitted 4/27/2018, expires 10/31/2018
- SPA 18-0007 Outpatient Prospective Payment System (OPPS) Reimbursement submitted 8/1/2018
- SPA 18-0008 Community Mental Health Centers (CMHC) submitted 8/23/2018
- SPA 18-0009 Indian Health Services (HIS) Encounter Limit submitted 6/19/2018
- SPA 18-0010 Transportation submitted 8/10/2018
- SPA 18-0011 Physician Administered Drugs (PADs) submitted 8/23/2018
- SPA 18-0012 Federally Qualified Health Center (FQHC) PADs submitted 8/22/2018

- SPA 18-0013 Rural Health Centers (RHC) PADs submitted 8/22/2018
- SPA 18-0014 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) in development
- SPA 18-0015 Home health Appeals in development
- Managed Care Quality Strategy Report submitted 7/23/2018
- Children's Health Insurance Program (CHIP) SPA #10 - CMS submission 1/9/18; RAI issued 2/18/18
- CHIP SPA #11 – Mental Health Parity and Addiction Equality Act (MHPAEA) (due 9/18/2018) in development
- CHIP SPA #12 – Managed Care (due 6/30/19)
- Healthier MS Waiver is up for 3 year renewal period; CMS Submission 9/28/17
- 1115 Workforce Training Initiative – completeness letter 1/22/18; ongoing discussion with CMS
- Intellectual Disabilities/ Developmental Disabilities (ID/DD) Waiver Renewal – CMS submission 6/14/2018
- Assisted Living (AL) Waiver Renewal– expires 9/30/18; renewal due 6/30/18; CMS submission 6/28/2018
- AC 18-001 Therapeutic Leave – effective 8/1/2018
- AC 18-005 BCBA Telehealth – effective 7/1/2018
- AC 18-008, 18-009 Pharmacy Reimbursement & 340B – proposed effective 11/1/2018
- AC 18-016 Home Health – effective 9/1/2018
- AC 18-017 DME – effective 9/1/2018
- AC 18-018 Transportation – effective 8/1/2018
- AC 18-019 Respiratory Therapy – effective 8/1/2018
- AC 18-020 ACD – effective 8/1/2018
- AC 18-021 ER Outpatient Visits – effective 9/1/2018
- AC 18-023 LTC NET Part 2017 – effective 9/1/2018
- AC 18-024 LTC NET Part 201 – Final 8/9/2018, effective 9/9/2018
- AC 18-022 APR-DRG Reimbursement – effective 7/1/2018
- AC 18-025 DME O2 – proposed effective date 11/1/2018
- AC 18-025 Elderly and Disabled (E&D) Waiver – revises language to correspond with the E&D waiver renewal
- AC 18-037 Family Planning – revised language to correspond with the new Standard Terms and Conditions (STCs) in the 1/1/2018, 10 year approval

2. Bariatric Surgery

- a. Dr. Demetropoulos opened discussion with recap of previous bariatric surgery information and referred to handouts detailing economic impacts.
- b. Dr. Jason Dees discussed a cost comparison of inpatient versus outpatient bariatric surgery procedures; while referring to handouts from South Dakota and Oklahoma Healthcare Authority detailing bariatric surgery criteria and guidelines.
- c. Dr. Jason Dees also discussed the idea of a bundle payment arrangement which will meet the approval criteria with accredited centers.

3. Transportation

Dr. Jason Dees addressed the issues and concerns previously expressed by the MCAC members and advised DOM is taking necessary measures with the current Non-emergency Transportation RFP to improve quality measures with the new contract for February 2019 by making sure we get feedback from the beneficiaries and increasing call center hours to aide in communicative efforts such as directions to beneficiary address, etc. DOM is also working on transparency items relative to liquidated damages assessed as well as managed care quality scorecards.

V. New Business – Presentations

1. Quality Measures

- a. Dr. Demetropoulos opened the discussion by acknowledging in terms of health value is measured by improving health and containing cost; asking DOM and CCO's to identify the top quality metrics
- b. Dr. Jason Dees recommended sports physicals be added to EPSDT screenings. This will remedy the gap in screenings during adolescent years. He added EPSDT screenings do not currently count as a sports physical.

- c. Dr. Becky Waterer (Centene/ Magnolia Health Plan) provided insight for the gap in the lack of adolescent EPSDT screening crediting to kids meeting school age shot requirements only have an additional set of shots for 7th grade entry.
- d. Dr. Frazier (UnitedHealthcare) provided data according to HEDIS displaying steady control, thus meeting projected targets.

2. LARC

- a. Dr. Jason Dees stated that LARC is a huge opportunity for MS but identified a knowledge gap surrounding payment and billing as a barrier.
- b. Dr. Becky Waterer stated the unbundling of LARC from delivery payment and the change in billing category was great but identified the product being too expensive to keep on the shelf as a barrier.
- c. Dr. Frazier stated UHC is in alignment with the recent 2018 addition to the CMS Child Core Set quality measure: Contraceptive Care for Women ages 15-20.

3. 17-P

- a. Dr. Becky Waterer outlined different measures needed to promote provider education as well as provided data reflecting the success of 17-P.
- b. Dr. Frazier provided statistics on 17P success

VI. Reimbursements and Provider Information

1. Dr. Jason Dees outlined the three categories of Medicaid reimbursement fee schedules 1) physician fee schedules based on 90 percent of Medicare fee schedule; 2) Hospital/ Inpatient fee schedule is based APR/DRG methodology; and 3) Outpatient/ ER ABC methodology. Dr. Dees also explained the Division of Medicaid covers anyone in a waiver or long-term care. Neither the waiver nor long term care populations are included in the managed care program. Nursing facility fees account for \$568,842,280, which is roughly 25 percent of the Medicaid budget.
2. Dr. Mary Currier explained comparison data by years and requested specifications of the requested data set.

VII. Final Comments/ Action Items

1. Establish a workgroup to come up with a set of proposed bariatric surgery coverage criteria.
2. Engage the actuaries to look into bariatric surgery pricing so data will be readily available for centers expressing interest.
3. Outline reimbursement subcategories
 - a. Know how the different service groups are paid (e.g. dentist, orthodontist, chiropractor, therapist, etc.)
 - b. Understand how we pay ambulatory services for transportation
 - c. Find how fee-for-services schedules are updated
4. Invite Presidents of different colleges, ACOG, Pediatricians, Family Practices, Primary Care, and Dentists to see how we compare to different states following the Navigant report.

VIII. Next Meeting – October 26, 2018

IX. Adjournment

Dr. Steve Demetropoulos adjourned the meeting