

I. Call to Order

- Dr. Steve Demetropoulos called the meeting to order.

II. Roll Call

- Wil Ervin called role of the voting committee members and confirmed a quorum was present for voting purposes.
- **Voting members in attendance :** Dr. Thomas Dobbs (Jackson), Dr. Steve Demetropoulos (Pascagoula), Dave Estorge (Gulfport), Dr. Allen Gersh (Jackson), Dr. William Grantham (Clinton), Dr. Edward Hill (Tupelo), Dr. Billy Long (Jackson), Brad Mayo (Oxford), Dr. Vicki Pilkington (Jackson), Dr. James Rish (Tupelo)
- **Voting members not in attendance :** Dr. Shannon Orr (Madison)
- **Non-voting members in attendance :** None
- **Non-voting members not in attendance:** Senate Medicaid Chairperson Senator Brice Wiggins, House 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. Welcome and Introductions

- Dr. Steve Demetropoulos welcomed members and guests to the meeting.

IV. Approval of meeting minutes from October 26, 2018

- *Motion: Dr. Gersh*
- *Second: Dr. Long*
- *Meeting minutes were approved unanimously*

V. Public Comments-

- Dr. Mark Livingston, Chair and Program Director, Department of Advanced General Dentistry, School of Dentistry at UMMC spoke to the Committee and offered information on:
 - The impact of the cost of dental care in the U.S.
 - How continued tooth loss affects everyone's nutrition.
 - At-risk populations.
 - Compared the common procedures covered by both Medicare and Medicaid. Lack of preventative and restorative care in persons over 21 years of age.
 - Shared other concerns and barriers regarding treating Medicaid patients.

- Dr. Demetropoulos asked Dr. Livingston to organize a Dental Sub-Committee to obtain more insight, feedback and to address the following:
 - What can we do within Medicaid to improve general health of Medicaid patients?
 - What are the barriers to those issues?
 - How best to spend money? Is there money that can be better utilized in another place?
 - What improvements would you make if you had a wish list to best improve the health of Medicaid population?
 - The Committee will present a final report to the MCAC at the Fall meeting.
- Dr. Livingston agreed to organize and lead the Dental Sub-committee.

VI. Old Business – Presentations

1. Medicaid Policy Updates overviewed by Wil Ervin

State Plan, Waivers, Administrative Code updates and Future Filings:

- SPA 18-0011 Physician Administered Drugs (PADs) Submitted 8/23/18, RAI sent 1/28/2019
- SPA 18-0012 Federally Qualified Health Center (FQHC) PADs Approved 10/30/2018, Effective 07/01/2018
- SPA 18-0013 Rural Health Centers (RHC) PADs Approved 10/30/2018, Effective 07/01/2018
- SPA 18-0014 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Approved 11/28/2018, Effective 10/01/2018
- SPA 18-0015 Disproportionate Share Hospital (DSH) Payments Submitted 12/03/2018, Effective 10/1/18
- SPA 18-0018 Mississippi Coordinated Access Network (MSCAN) Approved 11/21/2018, Effective 10/01/2018
- SPA 18-0019 Governor’s Review approved 10/1/2018, effective 7/1/2018
- SPA 18-0020 Physician Visit Limit Approved 1/31/2019, Effective 1/1/19
- SPA 19-0001 Targeted Case Management for Beneficiaries with Intellectual and/or Developmental Disabilities in Community-Based Settings Public Notice 12/19/2018, Effective 01/01/2019
- SPA 19-0003 Non-emergency Transportation Broker Contract Public Notice 01/22/2019, Effective 02/01/2019
- Managed Care Quality Strategy Report submitted 7/23/2018

- Children’s Health Insurance Program (CHIP) SPA #10 - CMS Submitted 1/9/2018, RAI Issued 11/9/18
- 1115 Workforce Training Initiative – completeness letter 1/22/18; ongoing discussion with CMS
- AC 19-001 Program Integrity – Beneficiary Health Management – effective 2/1/19
- AC 19-002 Tobacco Cessation – proposed effective 3/1/2019
- AC 19-013 Three (3) Day Window Payment – effective 3/1/2019
- AC 19-014 Mammoplasty – effective 2/1/2019
- AC 19-015 Provider Based Billing – effective 1/1/2019
- AC 19-018 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) in a Psychiatric Residential Treatment Facility (PRTF) - effective 4/1/19
- AC 19-022 Non-Emergency Air - effective 2/1/2019
- AC 19-025 Pharmacy - effective 4/1/19

2. Bariatric Surgery Update

- Wil Ervin gave an update regarding proposed outpatient rates for bariatric surgeries. DOM determined a case rate for pre-screening, surgery and follow-up care would be approximately \$15,309. Considerations would also need to be made for individuals regarding an inpatient stay due to complications. Wil recommended that inpatient care be looked at separately from the case rate and those rates be done through the APR/DRG process.
- Dr. Demetropoulos agreed that the focus on outpatient was appropriate and suggested the committee recommend the \$15, 309 global fee for bariatric surgery.
 - *Motion to approve: Dr. Grantham*
 - *Second: Dr. Long*
 - *The motion was approved unanimously*
- DOM to follow up with a status update at the next MCAC meeting.

3. Prosthetics Update

- Dr. Demetropoulos explained Medicaid does not have coverage for prosthetics after the age of 21. DOM is currently researching and gathering information regarding this coverage request.
- Dr. Carlos Latorre gave an update and shared current prosthetic services are provided after age 21 through the MS Department of Rehabilitative Services. Medicaid primarily offers wheelchairs and related equipment. The waitlist is long and funds are limited. DOM is researching the comparison of the price of a wheelchair and equipment for that wheelchair to providing someone with a prosthetic. The aim of this would be to enable individuals to be more active and healthy and possibly return to work.

- Dr. Demetropoulos suggested breaking the analysis into two groups, traumatic amputation and non-traumatic, to gradually work our way into this. DOM will be working with Dr. Percy and will bring additional information to the next meeting.

4. EPSDT & Sports Physical Update

- Dr. Carlos Latorre reported he has been speaking with different pediatricians and family medicine doctors across the state to get their thoughts in regard to this project. To provide EPSDT services they should be EPSDT certified and that is something DOM is looking into. Challenges to getting this done are that clinics are concerned about managing a high volume of students coming to the clinic for screening. Currently students are receiving their sports physicals independently of EPSDT physicals. The hope is to combine both. DOM and the managed care organizations are hoping to work with those clinics to make it work.
- Dr. Demetropoulos requested the CANs take action needed to increase the rates of EPSDT physicals and to also take the lead on this project.
- Dr. Long asked for clarification on the target population. Wil Ervin clarified they are EPSDT Medicaid children.

5. Reproductive Health LARC/ 17p Update from the CANs

- Dr. Becky Waterer reported on how Magnolia has streamlined the PA process to make drugs like Makena easier to obtain. Dr. Erwin leads this effort. They provide member education about birth spacing and contraception, including LARCs, during the pregnancy and at baby showers to spread awareness. Dr. Waterer also clarified criteria for Makena use requires at least one previous preterm birth. Magnolia is also reaching out to postpartum members via telephone to provide education. An incentive that they have implemented is gift cards for those filling out Notification of Pregnancy Forms and going to their Postpartum Doctor Visit. There is continued focus on LARCs by removing PA requirements and developing E-blasts and website/portal provider education. Magnolia is now developing a proposal for a pilot program for LARC dispensing with Bayer and Stellar RX. They are beginning a Pay for Performance program with FQHCs for certain screenings.
- Dr. Lessa Phillips with UnitedHealthcare reported they have seen an increase in LARC utilization over the last three years. They provide patient education during the doctor visits. The comment was made that the key to Makena is getting the drug out to the patient in a timely manner. The plus with Makena is that the patient can administer the drug themselves.
- Dr. Dobbs asked how the denominator was determined as to who is eligible for Makena. Dr. Erwin responded and explained in detail the clinical criteria and data.

6. Behavioral Health Readmission

- Wil Ervin reported the Behavioral Health Readmissions group is continuing to meet quarterly. DOM is bringing together stakeholders from the Hinds county area to reduce potentially preventable readmissions within behavioral health. This is a large group of providers and experts coming together to address this issue. Wil also offered an invitation should anyone be interested in joining the group.

7. Pediatric Cardiac Care Update

- Director Snyder explained DOM is looking into the care of pediatric heart patients and working on developing policy aiming to ensure access to care, the health of each beneficiary and to provide support for providers.

V. New Business

1. Coverage Determinations

- Wil Ervin reported DOM receives coverage requests and has created an internal committee to review these requests comprised of Dr. Carlos Latorre and several other clinical staff. The committee looks at coverage request to consider possible Medicaid coverage from a clinical or financial perspective. DOM asked the Committee to be available to assist with the review of the more difficult or controversial request. Dr. Demetropoulos agreed and suggested that other experts be brought in for specialized requests when needed.
- Wil Ervin also explained DOM currently has a P&T committee to look at pharmacy request and would look at those best practices to have the Committee review coverage request.

2. Medicaid Vital Signs and other Metrics to Assist Providers

- Wil Ervin explained DOM's new dashboard called Medicaid Vital Signs is now available on DOM's website. This dashboard can be accessed through www.medicaid.ms.gov and contains key metrics of the agency. DOM's goal is to continue to improve the dashboard and to make it more functional for the public and the provider community. The dashboard will soon include some managed care metrics as well. Wil asked the committee to let DOM know if they have suggestions on things that can be included in the dashboard. Dr. Demetropoulos suggested posting some best practices and information about pharmacy.

3. Collaboration Efforts to Address High Risk Pregnancies

- Dr. Demetropoulos commented on the synergy between UMMC, Department of Health, DOM, CCOs and how all are really focused and in collaboration. He complimented the Division for taking the lead. He also stated that to move the needle up from 50 in infant mortality and being a poor performer takes all of us working together.

4. Innovations/Best Practices

- The goal of OB-Monitoring is to address the healthcare needs of all expecting mothers enrolled in MSCAN while promoting positive maternal and newborn health outcomes.
 - Health Coaching - education
 - Health Outreach – reaching out to members
 - Community Connectors – outreach to all expecting mothers

6. EASE

- Wil Ervin explained EASE Initiative as the Enhancing Access to Services and Engagement Initiative. The first phase was effective January 1, 2019 by increasing physician office visits from 12 to 16 per year. The second phase will be effective July 1, 2019, and this will increase the number of prescription drugs from 5 to 6 per month and increase the number of home health visits per year from 25-36.

VII. Final Comments/ Action Items

- Several people commended DOM for the work they are doing and for the collaboration between DOM, the Coordinated Care Organizations, MCAC, and the MS Department of Health. Dr. Demetropoulos suggested a robust provider engagement to bring them to the table to help move the needle even more.
- There will be two presentations at the next MCAC meeting:
 - CCOs will present on Hedis measures that will show drill downs and how they approach improvement efforts. Also looking at High Utilizers and what their approach is to trying to manage that population. Also a presentation on the episodic payment model and what that looks like, an introduction to it.
 - DOM will present on the Long Term Care landscape and opportunities for improvement.

VIII. Next Meeting – Friday, May 10, 2019

VIII. Adjournment

Dr. Steve Demetropoulos adjourned the meeting.