

# Medical Care Advisory Committee (MCAC)

May 10, 2019 · 1:00 PM

Woolfolk Building – Room 145

501 North West Street, Jackson, MS 39201

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## 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 (Jackson), Dr. Allen Gersh (Hattiesburg), Dr. William Grantham (Clinton), Dr. Edward Hill (Tupelo), Dr. Billy Long (Madison)
- **Voting members in attendance via phone:** Dr. Vicki Pilkington (Jackson), Kent Nicaud (Gulfport)
- **Voting members not in attendance:** Dr. Shannon Orr (Madison), Brad Mayo (Oxford), Dr. James Rish (Tupelo)
- **Non-voting members in attendance:** Senate Medicaid Chairperson Senator Brice Wiggins
- **Non-voting members not in attendance:** None

## III. Welcome and Introductions

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

## IV. Approval of meeting minutes from February 7, 2019

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

## V. Public Comments

- Senator Brice Wiggins, Chair of the Senate Medicaid Committee thanked the Committee for the good work they are doing. The recommendations made by the committee were incorporated into various bills throughout the session. He also appreciated the MCAC meeting taking place at the Capitol, in February allowing other legislators to attend.

## 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 - Approved 2/14/19, Effective 7/1/18
- SPA 18-0015 Disproportionate Share Hospital (DSH) Payments - CMS Submission 12/3/18 (Effective Date 10/1/18), CMS RAI received 2/26/19
- Children's Health Insurance Program (CHIP) SPA #10 - CMS Submission 1/9/18 (Effective Date 1/1/18), RAI Response 11/9/18
- SPA 19-0001 Targeted Case Management for Beneficiaries with Intellectual and/or Developmental Disabilities in Community-Based Settings - CMS Submission 3/6/19 (Effective Date 1/1/19)
- SPA 19-0003 Non-emergency Transportation Broker Contract - CMS Submission 3/7/19 (Effective Date 2/1/19)
- SPA 19-0004 Prescription Drug Limit Increase - CMS Submission 5/3/2019 (Effective 7/1/2019)
- SPA 19-0006 Post-Eligibility Treatment of Income - CMS Submission 3/6/2019 (Effective 1/1/2019)
- SPA 19-0009 Transitional Medical Assistance (TMA) - CMS Submission 3/7/2019 (Effective 1/1/2019)
- SPA 19-0010 Dental and Orthodontic Reimbursement - CMS Submission 3/28/2019 (Effective 3/1/2019)
- SPA 19-0015 Medicare Crossover Payments - Public Notice 4/23/2019 (Effective 7/1/2019)
- 1115 Workforce Training Initiative – Completeness Letter Received 1/22/18, CMS Review in Process
- AC 19-004 Home Health Visit Increase (Effective 7/1/2019)
- AC 19-005 Physician Visit Limit (Effective 6/1/2019)
- AC 19-007 FQHC PAD (Effective 6/1/2019)
- AC 19-008 RHC PAD (Effective 6/1/2019)
- AC 19-010 Timely Filing, Timely Processing of Claims (Effective 7/1/2019)
- AC 19-016 PASRR Level 1 (Effective 6/1/2019)
- AC 19-017 PASRR Part 303 to 206 (Effective 6/1/2019)
- AC 19-020 CADD (Effective 6/1/2019)
- AC 19-023 Incontinence Garments (Effective 7/1/2019)
- AC 19-028 DME Home Evaluations (Effective 7/1/2019)

## **2. Bariatric Surgery Update**

- Drew Snyder offered a brief update including the Division's decision not to add coverage for bariatric surgery as a state plan benefit, at this time. The Committee had no questions or comments.

## **3. Prosthetics Update**

- Dr. Carlos Latorre thanked Dr. Percy for bringing this to the Division of Medicaid's and MCAC. He stated he met with staff from Methodist Rehabilitation to discuss the clinical parameters for consideration of covering of prosthetics after traumatic injuries to the lower extremities. A total of 23

Medicaid beneficiaries were identified meeting those parameters. Dr. Latorre also met with the Mississippi Department of Rehabilitative Services and gained better understanding of the program and services provided. Dr. Latorre explained the Division does not need to duplicate these services.

- Dr. Demetropoulos suggested that the Division keep in communication with Methodist Rehabilitation to further explore those with non-traumatic amputations.
- Dr. Gersh stated the best way to save on cost of amputations would be the prevention of amputations. He also suggested the committee take a pro-active look at areas around the state to identify areas with more amputations.

#### **4. Reproductive Health LARC/ 17p Update from the CANs**

- Dr. Demetropoulos reminded the Committee of the reason this (LARCs/17p) came about as a statewide initiative to reduce preterm deliveries in Mississippi. The reason it is being discussed is because of health related issues to the infant, the mother and the cost. He stated the utilization is now increasing and suggested the 17p component be followed and continue to look at data.
- Dr. Demetropoulos offered a review of the recent LARC study stating there were three main components to address; the first being education of providers. The second component was educating the public. Third component was making sure they get placed after delivery for the patients at highest risk. There was also a brief discussion between multiple Committee members regarding need to address educational deficits of providers.

#### **5. Pediatric Cardiac Care Update**

- Wil Ervin explained Division staff have been working with UMMC to draft policy and are very close to completing.  
Dr. Demetropoulos reminded the committee of the need to figure out how to direct Medicaid patients to UMMC but to also ensure both a viable program in the state while not adding too much of a burden on families. He said he was pleased that this is getting addressed.

### **V. New Business**

#### **1. Dental Sub-Committee**

- Dr. Demetropoulos offered a quick overview of the charge of the Dental Sub-committee.
- Dr. Mark Livingston reported the Dental Sub-committee is currently in a preliminary fact finding stage including review of several studies regarding dental coverage. The group is composed of two general dentists, an orthodontist, a pediatric dentist, an oral surgeon, and a billing specialist. The first meeting was recently held via teleconference due to the geographical location of all the sub-committee members. Dr. Livingston offered to take questions.  
Dr. Demetropoulos explained support of dentistry and dental coverage is a priority to both MCAC and the legislature. He requested a follow up presentation during the next MCAC meeting.

Dr. Gersh offered comment regarding need for coverage of nutritional supplements.

## **2. Long Term Care – Opportunities for Improvement**

- Drew Snyder offered an overview of Long Term Care and where things currently stand at the Division of Medicaid. Spending on Long Term Services and Supports (LTSS) is one of Medicaid's big-ticket areas increasing as the Baby Boomer population ages. (see handout) LTSS falls into two categories: Nursing Facilities and Home and Community Based Services (HCBS). Mr. Snyder explained there are 17,610 Medicaid participants residing in 198 Medicaid certified nursing facilities across the state and 2,202 in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). These individuals have needs that meet nursing facility level of care. In the HCBS category, there are 22,926 Medicaid participants currently being supported in their homes or communities through one of the HCBS waivers. These individuals meet the need for institutional-level of care. Mr. Snyder referenced the handout regarding specific waiver program enrollment, cost and waitlist. He also explained these programs are considered optional services and CMS allows states to make determinations regarding total enrollment to these programs with consideration of state budgets. HCBS waivers provide a higher quality of life and are more cost effective. Lawmakers in the 2019 legislative session approved a 5% increase across all waivers with other opportunities for a greater share of LTSS recipients to be supported within the home and community space. However, there are people who need to be in nursing homes, needing 24 hour skilled nursing care. Nursing institutions will always play a large role. We need to be sure they are receiving the best value for services in both settings. DOM researched how MS Medicaid-certified nursing facilities rank in terms of their Medicare Five-Star Quality Rating vs. their average per diem rate. (see handout) On average, five-star rated nursing facilities have the highest per diem and one-star nursing facilities have the lowest. Three-star facilities comprise the largest group but there are twice as many one and two-star facilities than there are four and five. Mr. Snyder also explained how nursing home reimbursement is established and that there are opportunities to base reimbursement more on quality. He also suggested several high level goals. First to increase persons who could receive services in their home as opposed to an institutional setting. Second goal would be to update payment methodology in a manner that encourages quality with input from the professional stakeholders to prevent reform from being too drastic. Also, more focus on integration of dually eligible Medicare and Medicaid beneficiaries. Lastly, operational enhancements and streamlining of the waiver programs. The goal being to simplify and making these programs easier to understand.
- Dr. Demetropoulos reviewed the differences in cost of caring for people at home versus the cost of nursing home care and suggested legislative approval of more waiver slots to care for people at home.
- Senator Brice Wiggins would like to continue to address this issue in the legislature with increased education regarding these programs and funding.

- Dr. Demetropoulos made a motion of support and recommendation that DOM continues to look into LTC program areas. The motion was seconded by Dave Estorge with unanimous support from the Committee.
- Dr. Demetropoulos suggested DOM come back with more specific recommendations at the next meeting.

### 3. CCO – Pharmacy Best Practices and Management of High Utilizers

- Dr. Deirdre Phillips with UnitedHealthcare addressed gaps in care (refers to handout) and have created programs that help patients continue to take their medication at the right time and correct amount. In 2019 there are 5 programs:
  - Asthma Program
  - COPD Program
  - Diabetes Program (2 parts)
  - Cardiovascular (6 parts)
  - HIV Program

#### Persistent Super-Utilizers: HOTSPOTTING Tool 4<sup>th</sup> Quarter 2018

- This is proprietary software uses data to identify a subset of high-needs, high-cost members and for referral to Case Management. It uses the below data:
  - Average Monthly ER Utilization
  - Average Monthly Inpatient Utilization
  - Identify Members with Recent Increase in Spend (those with catastrophic, unimpactable or one-time spend events, cancer, transplant, palliative care, hospice, SNF are filtered out)
  - Diagnosis-Related Filters: Homelessness, BH, SMI, OUD,
  - Sickle Cell Disease, Pregnancy, NICU, NAS, HH
- Dr. Gersh suggested review of medical records verses claim data in establishing data regarding quality.
- Dr. Demetropoulos asked for information from the CCOs to include comparisons of other states.
- Dr. Becky Waterer with Magnolia Health explained that often managed care companies are doing similar things to impact care coordination. She also explained how prescription claims are a good source of determining if people are getting and taking their medications. Magnolia takes a look at ER visits to figure out why people are continuing to return to the ER. They also have a Pharmacy Lock-In program for those who are suspected of being high risk. They use analytical tools that rank members with a risk score. Dr. Waterer also explained Magnolia's Care Management Approach outlined in the PowerPoint (see handout).
- Senator Wiggins explained he gets questions from legislators about why we need managed care. He said there is a physician shortage in Mississippi. He sees homelessness, illiteracy, mental health, those are all social issues affecting the

health of Mississippians and this is why we have managed care. The relationship between physicians and managed care should be cooperative not adversarial.

- Dr. Billy Long offered an explanation from the provider standpoint. He explained if his practice is financially rewarded for concentrating on patients who go the ER, he would be more inclined to focus more effort on those patients.
- The Committee had a short conversation about the role of community health workers. Dr. Phillips shared that UHC employs 45 community health workers.
- Dr. Demetropoulos asked to know where the rest of the nation is; what are best practices; where we are as a state and compare to see if managed care is working and adding value.
- Mr. Dave Estorge shared that hospitals know their high utilizers and also deploy case managers. He said there is currently no financial incentive for hospitals to expand case management. He explained in some cases there may be redundancy of effort between the Plans and hospital case managers.
- Dr. Joiner explained Molina is still in beginning phase of data collection and data changes daily however they are paying very close attention to hospital admission and ER utilization reports.

#### **4. Shared Savings Programs/Value-Based Reimbursement**

- Dr. Demetropoulos reported that he viewed a presentation by the UMMC Psychiatry department recently and they are doing some fantastic care management activities. He suggested the group start thinking about ways to incentivize physicians, using psychiatry as an example, to allow the physicians to care manage their patients and offer reimbursement through a shared savings model.

#### **5. Medicaid Vital Signs and other Metrics to Assist Providers**

- Wil Ervin reminded everyone about DOM's Medicaid Vital Signs on the DOM homepage that can be accessed through [www.medicaid.ms.gov](http://www.medicaid.ms.gov). The Division's goal is to continue to improve the dashboard and make it more functional for the public and the provider community. Wil asked the committee to let the Division know if they have suggestions that can be included in the dashboard.

#### **6. Provider Satisfaction Surveys**

- Dr. Gersh said there are healthcare deserts in the state where there are not enough providers and suggested the committee work to prevent physician burnout. While patients may complete satisfaction surveys on physicians, the results come back he wants to be sure those are legitimate and suggest a third party complete and collate the surveys. He also suggests physicians complete satisfaction surveys on insurance companies.
- Dr. Waterer with Magnolia said that they are required to do annual provider satisfaction surveys. She also said if there was a way to be more collaborative, she would be willing to do what is needed.
- Dr. Demetropoulos offered two points for consideration. One, why do we want feedback and second, how will the data used. He suggested surveys be electronic

and take 5 – 10 minutes to complete. He added that the results of surveys completed by the plans should be shared with the Division.

- Dr. Gersh suggested a sub-committee to discuss. Dr. Demetropoulos agreed and asked the Division to assist with the navigation of a committee.

**VII. Final Comments/ Action Items**

- Mr. Snyder thanked Dr. Deirdre Phillips for all her work and assistance to the Division during her role at United Healthcare and congratulated her on her upcoming retirement.

**VIII. Next Meeting – Friday, August 9, 2019**

**VIII. Adjournment**

Dr. Steve Demetropoulos adjourned the meeting.