



MCAC Meeting Notes
December 3, 2014

MCAC Members Present: Catherine Cummings, Pat Flanagan, Stephen Davis, Jose Polanco, Jean Marie Rocha (for Cecilia Pelkey/HARI), Renee Rulin, Chris Gadbois, Jody Rich, Richard Wagner, David Bica, Dave Feeney, Jody Rich, Jose Polanco

Interested Parties Present: Paco Trilla, Anne Neuville, David Swenson

Staff Present: Deidre Gifford, Jerry Fingerut, Diana Beaton

Meeting Convened: 7:05 AM

1. **Welcome & Introductions** – D. Gifford gave an overview of Medicaid Fee for Service (FFS) verses Medicaid managed care delivery systems and how policy is managed in each. The policies that are on the agenda are in Medicaid FFS. Approximately 70 percent of the expenditures are in MCOs and the rest is in FFS.
2. **New/Updated Medicaid Fee for Services Policies** were reviewed to replace current language. There were no comments from the committee.
3. **Update on Hepatitis C**- EOHHS has a policy on Hepatitis C treatment. It was reviewed at the last meeting and is available on our website. Harvoni, a new Hep C drug, was recently approved by the FDA. Harvoni will be added to the current treatment policy for Medicaid recipients and will require pre-authorization. There are ongoing discussions with the health plans. It's anticipated that this Rx will be available by mid- to end of January 2015.

Discussion followed on: the inclusion of community/specialty pharmacies; and continuity of care when people are not eligible any longer for Medicaid or move from managed care to FFS. At Medicaid's Pharmacy and Therapeutics Committee meeting, there was discussion about the Hep C policy. Sovaldi and Harvoni are currently not listed in the Medicaid FFS Preferred Drug List.

EOHHS currently has \$57 million budgeted for Hep C drugs in SFY 2016, of which, \$13 million is general revenue. Medicaid expenditures are \$2.4 billion in SFY 2015. Half of that is contributed by state general revenue funds and half is federal funds.

4. **Long Acting Reversible Contraceptives (LARC) -**

We wanted to brief the committee on this new policy that we are working to put in place with the MCOs. Medicaid covers a range of contraceptives but there is an initiative in several states to push offering LARCs at the time of delivery. The prematurity taskforce at DOH recommends this. The hospitals had asked Medicaid to pay for the device. (Previously the hospitals were paid for inserting the device but not paid for the device itself, i.e., IUD.) There was a question re: hospitals requesting this coverage as a way to maintain additional revenue. There is no data to support this at this time. There was also a comment on recommending and promoting LARC for one population at delivery, i.e., Medicaid vs. the entire patient population. Is that discriminatory? Several members thought it was a good thing to offer effective contraception as soon as possible after delivery.

C. Cummings offered to have ERs help facilitate getting clients into family planning appointments for follow up.

EOHHS supports reducing barriers to obtaining contraceptives, not incentivizing one procedure over another.

5. **MCAC Charter**

In reviewing the federal regulations for states' Medicaid Medical Care Advisory Committees, it appears that the federal regulations are more general than our charter. We can make some changes to the MCAC Charter. What would we like the composition of the membership to be? We can always introduce Ad hoc meetings.

Suggestions from the committee:

1. Beef up the "nurse" requirement to include and advance practice nurse on the committee
2. Include dentists; suggested dentists from Samuels Dental Clinic or Community Health Center dentists.
3. Surgeon
4. DCYF representative

EOHHS asked for feedback regarding size of committee or other types of professionals that should be included. We also need to include consumers.

6. **Updates**

The issue of gender dysphoria recently came up in Medicare. We will be reviewing this and considering what our policy would be (for Medicaid) in the near future.

The General Assembly recently moved approximately \$64 million from the Department of BHDDH to EOHHS (for mental health and substance abuse treatment). There was no direction or intent at the time. This is mostly for treatment at community mental health centers and also for methadone treatment.

7. **Ideas for future topics**

a. child and adolescent mental health

b. how is the Hep C treatment going? How is the policy regarding patients getting substance abuse treatment first or concurrently with Hep C treatment?

Meeting adjourned: 8:00 am

Next meeting: March 4, 2015