



MCAC Meeting Notes

March 2, 2016

MCAC Members Present: Catherine Cummings, Renee Rulin, David Feeney, Tracey Cohen, Patricia Flanagan, Pedro Ochoa, Jody Rich, Roni Del Rio, Jean Marie Rocha, Richard Wagner, Chris Gadbois, Kim Zeller (RIHCA)

Interested Parties Present: Anne Neuville, Karen Rego (Oxford Labs)

EOHHS Staff Present: Jerry Fingerut, Anya Rader Wallack, Hannah Hakim

Meeting Convened: 7:00 AM

1. **Welcome and Introductions.** Meeting began at 7:00am.
2. **Review and Approval of 12/2/15 minutes:** A motion was made and seconded to approve the minutes as submitted. Motion was unanimously approved.
3. **Medicaid Director Update:** Anya Rader Wallack led by explaining this year will be devoted to implementation of the many initiatives that began last year. She highlighted three initiatives in particular:
 - a. Accountable Entities (AEs) – AEs are the Medicaid version of accountable care organizations, in that entities, as a group of providers, will take responsibility for the total cost of care of a population. Populations are attributed to a primary care physician or community mental health center if the member has SPMI. Currently we have 5 entities participating in a pilot period, some are hospital-based; some are primary care-based. They will contract with either/both Managed Care Organizations (MCOs). We will be tracking quality measures. Entities can share in savings if they save relative to the expected trend *and* meet a quality threshold.
 - A question was asked about what Medicaid will do if savings aren't realized: Medicare results around the country are mixed or weak. Those that have done well have shifted to more risk. We think there are great opportunities, especially with the SPMI population, but we do not know yet if this model will be sufficient.
 - A comment was made to encourage Medicaid to have providers actively involved in the process, rather than create another "insurance" level (additional level of authorization). Dr. Wallack responded that the theory is have provider-driven organizations. This group will be an important sounding board as these models are rolled out, of how they are being experienced at the provider-level.

- b. Integrated Care Initiative (ICI) – ICI is our Dual Demonstration. We will have initial enrollees in May for June coverage.
- c. Children and Youth and Special Health Care Needs (CYSHCN) – many of the services for CYSHCN have been moved into the managed care plans

4. Items to vote on:

- a. **T-Spot Test:** A motion was made and seconded to approve coverage. Motion was unanimously approved.
- b. **Transcranial Magnetic Stimulation (TMS):** A motion was made and second to approve coverage by RI Medicaid. During the discussion period Dr. Wagner provided some additional information he gathered from The Providence Center (TPC). TPC s=had a limited number of individuals completing TMS. TPC did not feel that the prior authorization was onerous. Beacon has reported that only a few members have completed TMS. Dr. Wagner added that evidence suggests ECT is better treatment and noted that Ketamine infusions may be the next “bandwagon.” The group also discussed issues of access to Vivitrol (for members in/released from ACI) and access to long acting injectable antipsychotics. The motion to approve was unanimously approved.

5. Review of draft Medicaid FFS policies: Policies regarding nebulizer guidelines, orthotic and prosthetic devices, and osteogenesis stimulators were distributed with handouts. All were approved without revision.

6. Updates and group discussion

- a. We are making great efforts to collaborate between Medicaid and Department of Health (e.g. asthma and smoking cessation). We are partnering to be one of three states (potentially) for a diabetes prevention program.
- b. Medicaid is looking at opioid prescribing prior authorization criteria at the two health plans and FFS Medicaid.
- c. Medicaid will review and update current Hepatitis C medication policy as needed after review of additional medication recently approved by the FDA
 - i. A subcontractor will do analysis. It was suggested that we also benchmark with our in-state experts.
 - ii. Expanded FDA indications for currently approved medication will be reviewed and added to current policy as appropriate.
 - iii. UnitedHealthcare Community Plan requested earlier notice so that they can have sufficient time to build into their system
- d. The state All-Payer Claims Database, now called “HealthFactsRI,” has launched. It is a repository of claims data from all payers, including in some cases, self-insured. We now have a single source to examine cost and utilization trends. The data can be made available to researchers under certain rules (will require Data Use Agreements). The Office of the Health Insurance Commissioner takes the lead on this database and it is overseen by a multi-agency steering committee.
 - i. Dr. Cummings raised concerns about the methodology behind “avoidable ED use” measures; whether those visits were truly avoidable or if we are sending the wrong message to patients (also written in an editorial published in Providence Business News). Dr. Wallack explained the intent behind this measure is actually as an indicator of quality/access to primary care; if a patient

had access to high quality primary care, that emergency room visit may have been avoided.

- e. State Innovation Model (SIM) has shepherded a measure alignment process to align measures across all payers. They defined a core set plus an “al la carte” menu of measures. Medicaid will incorporate into our contracts.
- f. Comment was made that the SPMI population is often left out of initiatives such as smoking cessation because of their complexity; however, they arguably could benefit most from these programs. The State should keep these considerations in mind when implementing targeted programs.

7. Adjourn: Meeting adjourned at 7:50am.

Next MCAC Meeting: June 1, 2016, 7:00 am