



MCAC Meeting Notes
December 4, 2013 7:00 AM
Hazard Building, Garden Conference Room

MCAC Members Present: Catherine Cummings, Patricia Flanagan, Stephen Davis, Jose Polanco, Cecilia Pelkey, Elena Nicolella

Interested Parties Present: Jody Rich

Staff Present: Deidre Gifford, Jerry Fingerut, Bill McQuade, Diana Beaton, Alison Croke

Meeting Convened: 7:00 AM

1. **Welcome** – Deidre Gifford welcomed MCAC members and others. Jose Polanco, M.D. is representing the RI Health Center Association.
2. **Review of draft Medicaid FFS Pre-authorization Policies for Enteral Nutrition and Bariatric Surgery**
- Jerry Fingerut, M.D.

There was some discussion on Bariatric Surgery:

The age of Medicaid recipients is 18 years old and above. There are a group of kids who would benefit from a surgical intervention. “>95 percentile weight for age” is a better measure for children than BMI. S. Davis reported that a psych evaluation/ clearance is necessary. D.Gifford wondered if there should be a modifier to “Failure of a non-surgical weight loss program during the 2 years preceding the request.” We don’t want to make the requirements too onerous on low income recipients. Should we set stricter requirements for weight loss programs that are acceptable? There was a suggestion to engage people who do this to see who (which patients) are the most successful at this type of surgery. Possibly ask Dean Roy and others.

The intent of the process to review Medicaid policies and standards is primarily to work with UHC and NHPRI and other commercial payers in RI to follow best practices.

3. **CEPAC (Comparative Effectiveness Public Advisory Council) Update** - Bill McQuade, Ph.D.

A review of the June 2013 CEPAC meeting on “Community Health Workers and Best Practices for Increasing Their Effectiveness” was presented. Community Health Workers (CHW) were found to be effective especially with high risk populations and if paired with patients in same community with common race/ethnicity or disease/condition. Improved patient outcomes were found for interactions lasting more than 60 minutes. Improved outcomes using CHWs weren’t found to be as effective with low risk groups. Best practices include certification and training, funding to sustain services, and integration into care teams. The December 2013 CEPAC meeting was on “The Comparative Clinical Effectiveness and Value of Supplemental Screening Tests Following Negative Mammography in Women with Dense Breast Tissue”. Updates on this will be presented at the next MCAC meeting.

4. **Feedback to EOHHS on State Health Innovation Plan** - Deidre Gifford, M.D.

The draft State Health Innovation Plan (SHIP) was released. This is a prelude to the application the state will submit to CMS. There is a potential of \$30-50 million available to Rhode Island for implementation of the plan. A comment was made that children were absent in the proposal. D. Gifford will request to include children. CMS wants to see a return on investment (ROI) in 3 years, so because of that, the focus was mainly on adults. HARI submitted a letter of support. We will share that with the MCAC group. Public comments are welcome. Even though the public deadline has passed, EOHHS can forward MCAC comments to the Lt. Governor's staff.

5. RIte Care Parent Eligibility Rollback Update - Elena Nicolella

The General Assembly changed the income eligibility for RIte Care parents from 175 % of the FPL to 133% effective 1/1/14. The state sent out letters to all affected parents (6500) to see if they may be eligible for Medicaid in another way, i.e., disability, change in income, pregnancy. Approximately 1,000 people responded. The state will be working with HealthSource RI and community Navigators to assist parents in signing up for commercial coverage through HSRI. The state is considering paying one month's premium (January) of commercial coverage for parents.

6. Integrated Care Initiative - Alison Croke

The State is continuing to enroll eligible individuals into Rhody Health Options (through NHPRI) and Connect Care Choice Community Partners, two of the new health care options of the Integrated Care Initiative. Approximately 30,000 individuals are eligible. Several thousand will enroll each month during the initial six-month enrollment. Enrollment statistics were given. For more information and updates, please see www.eohhs.ri.gov under Integrated Care Initiative.

Meeting Adjourned 8:10 AM

Next Meeting- Wednesday, March 5, 2014 at 7:00 AM