

**MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING
MINUTES
November 16, 2016
5th Floor Boardroom**

Members Present

Dr. John Lue
Sonja Allen-Smith
Dr. Hugo Scornik
Dr. Lori Paschal
J. Reid Wilson
Donna Hatcher for Carie Summers

Phone Conference

Dr. Kim Hazelwood
Arianne Weldon
Sandra Washington
Dr. Helen Gelly

Members Absent

Mr. Steven Barber
Dr. Michael Brooks
Ms. Georgina Howard
Dr. Lucky Jain
Dr. Hilliary Hahm
Dr. Hogai Nassery
Dr. Bryan Williams
Marvel Butts
Dr. Sandra Reed
Ed Cockman
Dave Zilles
Dr. Yasmin Tyler-Hill

Call to Order: The MCAC meeting was called to order at 10:07 a.m. with a welcome address given by Ms. Marcey Alter and introduction of the new facilitator, Ms. Rebecca Dugger. Dr. John Lue, Chairperson, called the meeting to order and introduced the August 18, 2016 minutes for approval. Dr. Hugo Scornik made the motion to approve the minutes; and J. Reid Wilson seconded the motion. The motion carried unanimously to approve the minutes as written.

New Business:

The following agenda items were presented:

A. Medicaid Update: – Linda Wiant, PharmD , Chief, Medical Assistance Plans

Linda Wiant provided an update on Medicaid and the future direction MCAC in 2017.

Key Points:

- Enrollment and Expenditures
 - 8% of Georgia's children (ages 0 to 19) have access to health insurance through Medicaid or PeachCare. (Fiscal Year 2016).
 - Medicaid pays for more than half of all Georgia births.

- Medicaid Procurements

In Process

- Drug Rebate Program, Pharmacy Dispensing Fee Survey and CVO

Completed

- MMURS (Medical Management and Utilization Review Service) and CMO

Upcoming

- Non-Emergency Medical Transportation (NEMT), MMIS, EQRO, Nurse Aide Training and Registry, CAHPS, and Pharmacy Benefit Manager.
- CMS is moving towards a new concept called Modularity, where they are not approving large fiscal agent contracts.

- Federal Regulation /Initiatives: Provider revalidation, Managed Care Rule and Outpatient Drug Rule
- Implementation Project Timeline
 - August 26, 2016: Pre-kick off meeting was held
 - September 7, 2016: Project kick-off was held. Had over 250 participants.
 - July 1, 2017: Go Live date.
 - New Managed Care Rule provides for a 90 day review period.

MCAC feedback

- Can private offices be used as an originating site?
- Requested dental home be assigned to Medicaid recipients to avoid “provider hopping.”
- Is CMS requesting the committee to do more?
- Committee needs to be reinvigorated

B. Georgia’s Medicaid Waiver Programs, Brian Dowd, Program Director Waiver Programs

Mr. Dowd provided a brief overview of Georgia’s four Medicaid Waiver Programs. Georgia has the following four 1915-c Waivers which are specific to keeping people out of institutions:

1. GAPP Program (Georgia Pediatric Program)
2. NOW/COMP Waivers
3. ICWP Waiver
4. Elderly & Disabled Waiver (CCSP and SOURCE)

Key Points:

- Members can only participate in one waiver at a time.
- All State services must be exhausted before a member is eligible for waiver services.
- The recipient’s estate will have to repay the State of Georgia upon the death of the recipient.

Commonalities between all waivers

- Level of Care. Prior or current institutional admission is not required to receive waiver services, but you do have to meet the same level of care. It’s related to functional limitations and the severity of need and typically requires a doctor’s attestation to say you need the same type and intensity of services as would be provided in an institution.
- Cost: aggregate cost must fall within a designated average range as compared to institutional costs
- Freedom of choice
- Estate recovery: Effective **October 1, 1993**, States were required to recover funds from a person’s estate based on any personal property or other assets the individual had at the time of death, including the home which would have been excluded from consideration at the time of determining eligibility when enrolling waiver.
- There are two enrollment resources; CCSP and SOURCE.
 - CCSP (Community Care Services Program) does not have any connection to primary care provider. The enrollment process involves a telephone

screening/functional assessment of the potential participant's ability to perform the activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

- SOURCE is connected to the primary care provider and its sites screen members for potential eligibility using the Determination of Need-Revised (DON-R) instrument. A SOURCE site is defined as an agency which has been enrolled by Medicaid as an approved case management provider. Individuals may be self-referred, or referrals may come from the community (hospitals, medical clinics, primary care physicians, AAA [Aging and Disability Resource Centers], etc.) Individuals are admitted into the SOURCE program by the SOURCE site of his or her choice.

C. HB 751 – Provider Rate Increase Update – Argartha Russell, Director, Medical Policy and Provider Services

Ms. Russell provided an update on HB 751; a continuation of Georgia Assembly HB 76 Phase 2 Rate increase. General Assembly approved 32 Evaluation and Management (EM) Procedure codes. The banner was posted 7/14/2016 and Georgia started paying the new rates effective July 1, 2016.

Key Points:

- HB 751 increases specific codes to 100% of CY 2014 Medicare and applies only to the following enrolled providers:
 - Eligible physicians and physician extenders that have successfully attested and received the Affordable Care Act PCP rate increase for primary care services rendered between 1/1/2013 through 12/31/2014;
 - Eligible physicians and physician extenders that have successfully attested and are enrolled in the following GA Medicaid programs and Categories of Service (COS): COS 430, COS 431, COS 480, COS 600 and COS 740;
 - New physician graduate or newly enrolled providers in GA Medicaid as of 1/1/2015 who complete the same attestation process used previously;
 - Eligible providers serving members in the Refugees Aid Category; and
 - Eligible providers serving Peach Care for Kids members will receive the rate increase for CPT codes 99244, and 99391 through 99395.
- HP is working on the system configuration. Once it is complete, a mass adjustment will be issued.
- Attestation had to be made under ACA Medicaid Rule. Providers that didn't attest before the deadline cannot get in now.
- The Initial ACA rule did not include specialists.

D. MCAC Members' Round Table Discussion (general discussions on topics presented and to be presented)

The Committee requested the following subjects be considered for future topics of discussion:

1. New CMO addition & the CMOs' formularies
2. Update on Care Source performance
3. Invite a CMO to present during MCAC session

4. Medicaid behavioral health coverage
5. Issues with vision program

Dr. Lue suggested adding a Behavioral Health representative to the Committee. He also suggested a discussion to address the question: How do we get Committee members to serve?

Meeting was adjourned at 11:27 a.m.

The next MCAC meeting is February 15, 2017 at 10 a.m. 5th Floor Boardroom.

MCAC 2017 meeting dates:

February 15, 2017

May 17, 2017

August 16, 2017

November 15, 2017

Medicaid Fair, May 2, 2017

Cobb Galleria Center

Atlanta, GA

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS 15th DAY OF February, 2017.

John Lue, MD, FACP, Chairperson