

**MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING
MINUTES
May 20 2015
3rd Floor 3-240 EOC Conference Room**

Members Present

Dr. John Lue
Mr. Marvel Butts
Mr. A. Edward Cockman, RPh
Dr. Helen Gelly
Dr. Hillary Hahm
Georgina Howard
Dr. Lucky Jain
Ms. Sonja Allen-Smith
Ms. Carie Summers
Dr. Yasmin Tyler-Hill
Ms. Sandra Washington
Ms. Arianne Weldon
Dr. Bryan Williams
Mr. J. Reid Wilson

Phone Conference

Dr. Hogai Nassery
Dr. Lori Paschal

Members Absent

Mr. Steven Barber
Dr. Michael Brooks
Dr. Kim Hazelwood
Dr. Sandra Reed
Dr. Hugo Scornik
Mr. Dave Zilles, Advocate

The MCAC meeting began at 10:20 a.m. with a welcome by Ms. Patricia Jeter and an introduction of the new members; Sonja Allen-Smith, Dr. Helen Gelly, Georgina Howard, Carie Summers, Dr. Yasmin Tyler-Hill, Dr. Lucky Jain, Sandra Washington, and Bryan Williams. Mr. Marvell Butts, Vice-Chairperson, called the meeting to order. Due to technical difficulties with the room equipment, a motion was made to approve the February 18, 2015, and the May 20, 2015, at the next session on August 19, 2015. Lynette Rhodes, Associate Chief, Medicaid introduced Woody Dahmer, the new Assistant Chief, Managed Care and Contracts.

The following agenda items were presented:

A. Departmental Updates – Linda Wiant, Pharm D., Chief, Medical Assistance Plans

Linda Wiant provided a high level overview on the legislation that will impact the department, Medicaid Initiatives and the CMO procurement.

Medicaid and PeachCare for Kids®

We currently have a hole to fill the FY16 budget. We did not receive \$22M state funds for Hepatitis C drugs. Our growth is funded at \$33.1M in state funds; we have federal match for a little over 66%. We will be working with DCH Finance, the Governor's Office and the Legislature to make sure we have the money we need.

EBNE Impact:

46,000 (FY14); 65,000 (FY 15)

There was an increase in the number of EBNE enrollees that came to Medicaid via the exchange that were previously unaware of being eligible for Medicaid.

Inpatient hospital reimbursement changes:

Funds are being realigned so that facilities with higher portion of GME will receive more funding. Will now sit as a standalone pool, where previously it did not.

Centralized Credentialing Verification Organization (CVO):

DCH is pursuing a centralized provider credentialing and re-credentialing function through HP (Medicaid and PeachCare fiscal agent). The new process will enable organizations to apply once, get credentialed once and move on to enrollment. The credentialing will be handled by HP and its subcontractor for both FFS and CMO providers. Expected implementation is July 2015.

Children's Freedom Initiative:

We have identified 21 youth who are residing in ICF or nursing facilities. We are in the early stages of developing a collaborative plan to provide support to children and young adults in Georgia's nursing facilities and assisting in transitioning them back into the family setting.

Hospice Concurrent Care:

A bill was introduced in legislation that will expand this initiative into a much larger population. DCH is working to establish best practices for members to access curative and palliative care in coordinated way, in compliance with ACA Concurrent Curative Care rule. Case management is on a case by case basis; adjusting hospice lock-ins in the system and overriding claims edits where necessary.

B. Medicaid Policy Update – Marcey Alter, Assistant Chief, Policy

Marcey Alter presented an update on the following policy topic areas:

1. Pharmacy Pediatric Antipsychotic Utilization

In October 2011, DCH officially implemented an atypical antipsychotic pediatric policy to follow FDA guidelines for approved ages and indications in the prior authorization criteria and system. There has been an annual reduction in claims commencing in 2011, however data does not include Managed Care Claims; the data reported only refers to a reduction in FFS claims.

2. Georgia Families 360° Pharmacy Coaching Program

Psychotropic Medication Coaches Program (PMC)

The program's goal is to improve therapy outcomes for children who are taking behavioral health agents and are at risk for medication-related problems. Intervention is part of the program and has been built into the CMO contract. Positive reinforcements are sent to remind providers of prescriptions due for refill where daily adherence is critical and members to keep their appointments and follow their medication instructions. Alerts are also sent to notify providers of other prescribers of similar or contra-indicated agents

3. In-Home Skilled Nursing

Youth eventually age out of the Independent Care Waiver Program so we have added hourly skilled nursing visits to supplement episodic visits. In the Pediatric Skilled Nursing Program, the level of care requirement for in-house nursing and home-based services has been lifted. A workgroup has been formed to address the gap in home health providers willing to serve pediatric members.

4. Mental Health Parity Global ratings of health care

Coverage of mental health and substance use services must be similar to the plan's coverage of physical health benefits in the area of treatment limits, annual and lifetime dollar limits and financial requirements. A State level workgroup is in the process of developing a response to the proposed rule and a work plan for implementation.

C. DCH Related Legislation Update- Lavi Luca, Deputy Director of Legislative and External Affairs

Lavi Luca provided a high level overview on the outcomes of the 2015 Legislative Session that had an impact on the department. The following three pieces of legislation that have a direct impact to both the State Health Benefit Plan and the Medicaid Division are:

HB 409 – Requires all health insurance policies sold in Georgia to cover treatment utilizing cadaver derived skin tissue or non-human, xenographic-derived skin tissue for the treatment of burns. Medicaid will institute coverage effective July 1, 2015.

HB 429 – Section 1 of this bill provides that no health benefit plan, including Medicaid and State Health Benefit Plans, shall restrict coverage for prescribed treatment of a member's diagnosis of a terminal illness. Section 2 is language from SB 1, or Ava's law, and requires any individual or small group health insurance policy sold in this state to provide coverage for the treatment of Autism Spectrum Disorder up until the age of 6 with a yearly cap of \$30,000. Effective January 1, 2015, SHBP started providing coverage for medically necessary ABA therapy for the treatment of Autism Spectrum Disorder through age 10 and up to \$35K per year.

HB 470 – amends "The Pharmacy Audit Bill of Rights". Section 1 lays out the requirements any auditing agency or entity must undertake before conducting a pharmacy audit. The changes to the Bill of Rights is that auditors and audit companies are prohibited from being reimbursed on a contingency rate and the Commissioner of Insurance now has enforcement authority over Section 1. The other section of the Bill sets requirements for updating, posting and implementing maximum allowable cost (MAC) pricing on pharmacy claims and imposes a time requirement for turnaround of pricing and updates upon PBMs (pharmacy benefit managers).

Department Impact: SHBP, OIG, and Medicaid; Sections 1 and 6 become effective on July 1, 2015, and Sections 2, 3, and 4 become effective July 1, 2016.

The remaining pieces of legislation (HR 641, HR 767, HR 806, and SR 560) creates study committees that have an anticipated impact and would require participation of the Medicaid Division.

D. Biosimilar Drugs - Hillary Hahn, MD, PhD

Dr. Hahn gave a presentation on Biosimilar Drugs. Biosimilars are biologic products that are highly similar to an approved reference biologic drug. The biosimilar will be similar in terms of drug target, mechanism of action, and primary structure. However, due to the complex nature of these drugs, they will not be identical.

Legislation was introduced and recently signed into law by Governor Deal (5/15) to address usage of biosimilar drug. The purpose was to provide clarity on this class of drugs so there would not be a barrier to usage, since this class is likely to increase affordability and access for payers and patients. Their impact on cost and access to care is predicted to be high. Prescriber input and control on usage of these drugs, as well as post marketing surveillance will be a critical component of assuring both safety and efficacy, as well as cost savings. The first biosimilar, Zarxio was approved in the U.S. in March 2015.

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

Dr. Lue opened the discussion of topics and presenters the Committee would like to have in future sessions. The following was requested:

1. Hospice care
2. ICD 10 Update at August session
3. Electronic medical records update (having trouble integrating them)
4. Services available for foster kids
5. Requested specific time be allotted to CMO update

Meeting was adjourned at 11:38 a.m.

The next MCAC meeting is November 18, 2015 at 10 a.m. 3rd Floor 3-240 EOC Conference Room.

MCAC future meeting dates:

February 17, 2016

May 18, 2016

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS 19th DAY OF August, 2015.

John Lue, MD, FACP, Chairperson