



**Rhode Island Medicaid Medical Advisory Committee (MCAC)
Meeting Notes
June 9, 2010
Louis Pasteur Building, 7:00 AM**

MCAC Committee Attending: Mark Braun MD, Stephen Chabot MD, Dave Feeney, Jerry Fingerut, MD, Mary Hohenhaus MD, Elizabeth Lange MD, Renee Rulin MD

MCAC Chair & Ex Officio Members Attending: David Gifford, MD, Ray Maxim, MD, Elena Nicolella

State Staff Attending: Alison Croke, Deborah Florio, Patricia Martinez, Ellen Mauro, Corinne Calise-Russo, Ralph Racca

Members of the Public Attending: Jill Beckwith, Paul Block PhD, Richard Goldberg, MD, Stefan Gravenstein MD, Linda Katz, Arianne Lynch, Laura Oliven, Jody Rich MD, Alan Post DC, Matthew Smith, MD

Support Staff: Marty Dellapenna

Meeting Began: 7:00 AM

Attendee Introductions

Review of the First MCAC Meeting Minutes

After a review of the March 10, 2010 MCAC Meeting Minutes, the committee moved to accept them without edits.

Pain Management- Behavioral Health Component

Presentation: Dr. Paul Block, PhD (See separate presentation notes page)

Main Points: With Chronic Pain, signals will not turn off like with acute pain, which usually signifies and injury to the body. Triggers to pain are very important. People with chronic pain decrease self-care, pace their activities and decrease functioning in all aspects of life. Chronic pain sufferers begin to seek increased medication types and doses because they develop a tolerance to long-term use, yet still equate medication to relief from pain.

Elena briefed the group as to the State's purpose for investigating different pain management modalities decisions around efficacy and cost-effectiveness could result in Medicaid funding the service. Topics have been explored in the following phases:

1. Introduction to Pain Management (March 2010)
2. Cognitive Behavioral Effects of Pain Management (June 2010)

3. Alternative Approaches to Pain Management (Sept. 2010)

Discussion:

Dr. Matt Smith noted that an interdisciplinary rehabilitative approach that includes both a functional and a rehabilitative component seems to be effective. Dr. Smith also cautioned that models that carve out certain disciplines are less effective, since vital components are missing from the treatment approach. The treatment components should be structured so that clinicians can play active roles. Three pertinent studies will be made available to the MCAC electronically.

Dr. Gifford urged DHS to explore making bundled payments to providers for pain management. Bundled payments would better managed costs and could include the Emergency Department and a covering physician in the bundled rate. This payment methodology could be challenging for procedure coding but would ensure that DHS not cover pain management procedures that are outside of the bundled package.

Updates from Last Meeting

Budget Update

Elena N. noted that Article 20 attempted to put a ceiling on Managed Care Organization (MCO) payments to hospitals but instead the general assembly mandated a 9.9% decrease for inpatient services. The savings impact of Article 20 is being now evaluated by DHS. DHS will make available an Article 20 description available to the MCAC.

Elena reported that DHS will establish a committee to look at hospital payments and examine ways to contain costs. The Department of Health's grant work with the RI Insurance Commissioner on the establishment of a Primary Care Medical Home was mentioned as an area of interest and will be pursued.

Dr. Lange expressed concern on how will the decrease in reimbursement to hospitals effect pediatric outpatient services.

Managed Care Reprourement

Deb Florio spoke to the Committee about the upcoming managed care contract reprourement, which will encompass services for the RIte Care population, the Children with Special Healthcare Needs, the Children in Substitute Care and the Rhody Health Partners Program population into one contract.

Deb indicated that the Letter of Intent (LOI) would be posted on the Department of Administration Website any day. The DHS anticipates a 4-5 week proposal writing time with an award announcement in late August 2010. The contract implementation date is Sept. 1, 2010.

Deb noted that 97% of all Medicaid Eligibles in RI are enrolled in a managed care delivery system. Only the dually Eligibles (Medicare and Medicaid) or institutionalized folks are not in managed care health plans.

Goals for the Managed Care Reprourement: Tools for Plan savings (e.g. a pharmacy lock-in strategy) are focused on access to care and on Health Plan viability. It was noted that negotiating new levels of service is sometimes difficult due to the Plans' autonomy. Sometimes it helps providers if DHS is more prescriptive to the Plans (e.g. the Children's Intensive Services (CIS) program transition to the Children and Adolescents Intensive Treatment Services (CAITS) program in 2009).

Smoking Cessation Treatment in Medicaid

Elena reported that effective Sept. 1, 2010, Tobacco Cessation will be covered as a Medicaid benefits for all populations in both the traditional fee-for-service (FFS) system and for those enrolled in Managed Care Plans. Elena provided a handout that included a summary of Tobacco Cessation coverage in all programs. Dave Feeney noted that in addition to the many community supports that exist, there are currently also certified smoking cessation programs available in the community through pharmacies. As an example, Oxnard Pharmacy provides tobacco cessation programs and weekly Support Group meetings.

A question was raised about sharing any State Tobacco Cessation Protocols or Guidance to the community prior to Sept. 1. Elena assured the MCAC that any such guidance would be shared through the appropriate communication channels.

Screening, Basic Intervention and Referral to Treatment (SBIRT) Update

Alison Croke (DHS) reported that (formerly MHRH) and DHS are implementing a pilot within the Connect Care Choice (CCC) Program and continue to work on various issues around implementation such as:

1. Systems Issues
2. Training for Providers
3. Federal Authority/State Regulations

Electronic Health Records Incentive Payments

Elena reported that the DHS is holding on this at the moment and that a more complete update would be ready for the September 8th meeting.

Dr. Gifford noted that the Quality Institute's State Plan must integrate incentive payments for use of electronic health records with Medicaid.

Agenda Items for Next Meeting:

1. Updates
2. Pain Management Discussion- Alternative Treatments
3. Electronic Health Records- Incentive Payments

Next Meeting: Wednesday, September 8, 2010 (7:00 AM – 8:00 AM)

Meeting Adjourned: 8:05 AM