



**Rhode Island Medicaid Medical Advisory Committee (MCAC)
Meeting Notes
December 8, 2010
Hazard Building, 7:00 AM**

MCAC Committee Attending: Mark Braun MD, Catherine Cummings, MD, Pat Flanagan, MD, Dave Feeney, Jerry Fingerut, MD, Mary Hohenhaus MD, Mack Johnston, MD, Renee Rulin, MD

MCAC Chair & Ex Officio Members Attending: Ray Maxim, MD

State Staff Attending: Paula Avarista, Alison Croke, Deborah Florio, Ellen Mauro, Stan Prokup, Ralph Racca

Members of the Public Attending: Alan Post DC

Support Staff: Marty Dellapenna

Meeting Began: 7:05 AM

Attendee Introductions

Updates from Last Meeting

Screening, Basic Intervention and Referral to Treatment SBIRT

Alison Croke shared several SBIRT design features with as DHS advances this objective. DHS will provide a screening tool to all participating Connect Care Choice (CCC) locations and each CCC member should receive one SBIRT screen every 12 months. The Dept. of behavioral Health, Developmental Disabilities and Hospital (BHDDH) has created an SBIRT Behavioral Health Network of treatment providers that will offer CCC patients who screen positive on the SBIRT assessment within 72 hours and face-to-face clinical treatment within two weeks. Coding is still under discussion and will be released at the December trainings.

Alternative Treatments in Pain Management

Dr. Maxim reviewed the results of a recent DHS survey of the MCAC that sought to identify the Committee perspectives about the State's plan to integrate alternative pain management services into the Medicaid benefit. Highlights: All respondents agreed that the State should pursue this initiative, contingent on cost-containment strategies like benefit restrictions and limitations and a program monitoring process.

The state continues to explore modeling approaches, which could define a Pain Management Program in RI but federal authority is still needed to move forward. The MCAC agreed that conceptually, a Pain Management Program would be a positive addition to Medicaid benefits and that the details of a new model will be all important as development continues.

Goals for 2011

Dr. Maxim asked for the MCAC's input on topics of interest for MCAC discussion in 2011.

1. There were suggestions around medication management including:
 - Addressing point of service events
 - Reviewing the Drug Formulary
 - Limiting drugs and lower cost alternatives to step down
2. Another recommendation is for MCAC to discuss the effects that the additional preventive services in the Bright Futures Guidelines have on providers and what the expanded workload means to revenue units.
3. Discuss ways to add behavioral health (BH) interventions into the cost of medical care and how patients can be managed effectively after the behavioral health benefits have been exhausted.
4. Review the Medicaid BH Model for children around formalizing ongoing interaction between BH providers and primary care providers.

Electronic Medical Records (EHR)

Presentation: Paula Avarista and Stan Prokop (*See separate PowerPoint presentation*)

Highlights: the Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, hospitals and critical access hospitals. The Recovery Act specifies three components of Meaningful Use:

1. Use of certified EHR in a meaningful manner (e.g. e-prescribing).
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary.

There are notable differences between the Medicare and Medicaid Incentive Programs but most importantly the Medicaid Program is voluntary for States to implement and it may not be an option in every state. The RI Medicaid EHR Incentive Program includes a plan that requires meaningful use requirements to be met by Year 2. Meaningful Use Core Objectives and a set of Clinical Quality Measures have been created for providers to work toward. Important milestones for the RI Medicaid EHR Incentive Program include:

- On-line provider EHR incentive registration in June 2011
- Provider EHR Incentive payments begin July 2011

Health Insurance Exchange

Deb Florio indicated that in preparation for the many legislative changes in the Affordable Care Act (ACA), DHS has coordinated with the other New England states to apply for an Innovator Grant. Five applicants will receive funds that total \$100 M. Goal: A Medicaid only system to interface with the health Insurance Exchange. Massachusetts is taking the lead on this effort since their experience with healthcare reform began in 2006. Using a phase-in approach, the focus will first be on a new eligibility system then other systems will be tied in. A Request for Proposals (RFP) will be distributed in July 2011 for a contract for a fiscal agent to be in place by July 2012. A certified eligibility system is planned to be ready in July 2013.

Agenda Items for Next Meeting:

1. SBIRT update
2. Alternative treatments in managing pain- modeling activities
3. Health Insurance Exchange Update

Next Meeting: Wednesday, March 9, 2011 (7:00 AM – 8:00 AM)

Meeting Adjourned: 8:05 AM