



**December 7, 2011**  
**Hazard Building, 7:00 AM**  
**Rhode Island Medicaid Medical Advisory Committee (MCAC)**  
**Meeting Notes**

**MCAC Committee Attending:** Mark Braun, MD, Catherine Cummings, MD, Pat Flanagan, MD, Elias Koutros, DMD, Richard Wagner, MD

MCAC Chair & Ex Officio Members Attending: Michael Fine, MD, Ray Maxim, MD, Elena Nicoletta

**State Staff Attending:** Alison Croke, Jane Griffin, Bill McQuade, Ralph Racca

Members of the Public Attending: Alan Post DC, Jody Rich

Support Staff: Marty Dellapenna

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Meeting Began: 7:00 AM

Attendee Introductions & Review of Sept. 7 Meeting Notes (Approved as written)

Updates from Last Meeting

New England Comparative Effectiveness Public Advisory Council (CEPAC) – Bill McQuade

Rhode Island is hosting the Dec. 9th CEPAC meeting at Brown University, which will be open to the public. Bill McQuade, Dr. Cummings (MCAC) and Dr. Rick Wagner (MCAC) will be attending. The second CEPAC topic, which will be under discussion at the Dec. meeting, is Non-Pharmaceutical Treatment Resistant Depression.

Some important areas to be explored through the work of the Comparative Effectiveness Council are:

1. What connection can be made to the findings, especially around informing policy?
2. How can the findings be implemented by Medicaid agencies?

Topic selection is a very important part of the Council's work..

**Health Homes** – Alison Croke (for Deb Florio)

Rhode Island is the second state in the country to have a health home model approved by the Center for Medicare and Medicaid (CMS). Under two state plan amendments 1. CEDARR (OHHS) for RIte Care families and 2. Community Mental Health Organizations (CMHO) (BHDDH), for the Seriously and Persistently Mentally Ill (SPMI) will have access to six health home services. Implementation plans began Oct. 1, 2011 and the federal match rate will be 90% for eight consecutive quarters. There is also an extensive list of core quality measures that CMS is asking the approved Health Homes States to collect.

**Alternative Treatments in Pain Management-** Alison Croke (for Deb Florio)

In an effort to bring in complementary and alternative services for the treatment of chronic pain into the RI Medicaid benefits, OHHS held a cross-sectional stakeholder meeting on Oct. 13, 2011, which was attended by several members of the MCAC. Lessons learned were summarized and work continues with the two Medicaid managed care organizations to implement a new benefit model. OHHS will issue a contract amendment to the MCOs in early 2012 with the program criteria for a pain management model that includes complementary services for certain members. The implementation plan includes those in the Communities of Care (CoC) program (approx. 1,000 individuals). The model will require coordination with behavioral health providers. OHHS is working with CMS on the federal authority that is needed to commence the new pain management model. A Committee discussion around the need for linkages with Substance Abuse treatment, the great need for treating pain in a multi-disciplinary way that does not involve narcotic analgesics and an all-payer approach to intervention ensued.

**Medicaid Program Analytic Cycle and Discussion –** Bill McQuade

Bill reviewed a diagram of the Medicaid Analytic Cycle as it currently operates in order to begin a discussion around how the Medicaid program can work with the MCAC as an expert panel for clinical issues. The MCAC that can effectively connect the Medicaid program with the provider community. The RI Medicaid program strives to change the way that programmatic, systems and policy decisions are made so that policies are based on a defined analytic process that turns data into information. Medicaid uses claims-based data sets as the cornerstone of the analytic process.

Independent reviewers, such as MCH Evaluation are contracted with RI Medicaid to conduct evaluation using several available public health data sets.

**Summary of Follow-up** (Discussion)

As the MCAC's role in Medicaid program evaluation is developed further some initial thoughts included: The group will give some thought to ways in which the MCAC can engage the practice community based on the information that is disseminated via the committee meetings and through follow-up with the Medicaid Program. The Medicaid Analytic Cycle will be discussed again at the March 2012 meeting.

**Agenda Items for Next Meeting:**

Program updates  
Medicaid Analytic Cycle  
Budget Update

Meeting Adjourned: 8:05 AM

Next Meeting: Wednesday, March 7, 2012 (7:00 AM – 8:00 AM)