



MCAC Meeting Notes
June 6, 2012 7:00 AM
Hazard Building, Garden Conference Room

MCAC Members Present: Paul Block, Catherine Cummings, Dave Feeney, Jerry Fingerut, Christine Gadbois, Rick Wagner, Tracey Cohen

Interested Parties Present: Jordan Celeste, Linda Carpenter, Jody Rich

Staff Present: Diana Beaton, Deidre Gifford, Ellen Mauro, Ray Maxim, Bill McQuade, Elena Nicolella, Ralph Racca

Meeting Convened: 7:05 am

1. **Welcome** (Ray Maxim and Elena Nicolella)

Ray Maxim welcomed members. Elena Nicolella introduced two new staff members, Diana Beaton, who will be taking over Marty's role in helping with the MCAC meetings and Deidre Gifford, who is the new Medicaid Medical Director that will be working on PCMH as well as other projects. Marty Dellapenna is now working for the national Medicaid-CHIP State Dental Association as the Director of its Center for Oral Health Program Quality, Policy and Financing.

2. **CEPAC Update- ADHD Treatment** (Bill McQuade)

The New England Comparative Effectiveness Public Advisory Council (CEPAC) met on June 1, 2012 in Durham, New Hampshire to address ADHD treatment. Preliminary recommendations were made with a full report to be published later this month. Treatment options included use of stimulant and non-stimulant medications as well as parent behavioral therapy. (See handout.) RI representatives on the Council include Chuck Eaton, MD and Bill Corwin, MD. Next steps include taking the recommendations from the council and having the MCAC review the proposed procedure to be discussed later in today's meeting.

ACAP and APA are reviewing/updating practice guidelines for ADHD.

In Medicaid (nationally), the percentage of children treated for ADHD is double that of the commercial population. And of the 7 % of adolescents on stimulant medications, 40% are diverted. (Rick Wagner)

3. **Process for Reviewing Medicaid Covered Benefits**

The RI Medicaid Program would like to use the following two examples, TMS and Family Planning Services, as examples of areas where the MCAC could be helpful in evaluating if the issues presented could be covered by Medicaid (for TMS) and to look at the list of Family Planning Services covered

per CMS for Medicaid's extended family planning program (EFP). See handout, *Process for Reviewing Medicaid Benefits*. Members present concurred that this would be a good process.

- a. **rTMS** or Repetitive Transcranial Magnetic Stimulation (Bill McQuade)
TMS was the focus of review for the Dec. 9, 2011 CEPAC meeting. Bill distributed the CEPAC Voting and Policy Implications Summary. (See handout.)
- b. **Overview of rTMS** (Linda Carpenter, MD, Butler Hospital)
TMS has been in development for over a decade. Large scale clinical trials have been funded. Approximately one-third of people with depression do not get better with treatment. For patients with Rx resistant depression, 40 percent do well with ECT, however, patients do not like cognitive affects of the Rx. TMS has similar effectiveness as ECT in patients without the cognitive impairments. FDA has approved one device for TMS. There are 3 or 4 in RI, 400 nationally. Medicare and commercial payers pay on a case-by-case basis. Treatments consist of 30 treatments over an extended period with an additional six treatments if needed. TMS is only for a select group of patients that have Rx resistant depression and those who in addition can commit to the 30-day treatment period. We've had excellent results at Butler.
- c. **Family Planning Services** (Bill McQuade)
RIte Care has a separate benefit for family planning services for women who lose Medicaid eligibility after 60 days postpartum (called Extended Family Planning [EFP]). Women on EFP are eligible for a lesser scope of benefits as defined by CMS. What is questioned here is: is the list of benefits in the family planning package for women with EFP adequate?

We should make sure that the P & T and the DUR Committees are tied into the Medicaid Benefit Review Committee process. (R. Maxim)

We may want to have a longer session with the MCAC to identify a list of items for review by the Medicaid Benefits Review Committee. (E. Nicolella)

4. **Pain Management Program Updates**

A summary of the Pain Management Program Update was distributed.

5. **General Updates**

- Medicaid Fee-for-Service (FFS) will begin to reimburse for neuropsychological evaluations. It's currently covered under managed care, but not FFS Medicaid until now. We will need to communicate this to the provider community.
- Primary Care Rate Increase- As part of the Affordable Care Act (ACA), there will be a primary care rate increase to specific providers for specific codes. The funding is only for 2 years starting January 1, 2013; Medicaid rates have to match Medicare rates. FQHCs are excluded; Hospital-based clinics are included. Comments are due June 11. We will put on website and send to the MCAC Committee.

Meeting Adjourned 8:00 am