



MCAC Meeting Notes
December 5, 2012 7:00 AM
Hazard Building, Garden Conference Room

MCAC Members Present: Catherine Cummings, James McDonald (for Michael Fine), Jerry Fingerut, Christine Gadbois, Rick Wagner, Tracey Cohen, Mark Braun.

Interested Parties Present: Alan Post, Sarah Reed, Sarah Emond, Suzanne Chiarito.

Staff Present: Ray Maxim, Deidre Gifford, Diana Beaton, Bill McQuade, Alison Croke.

Meeting Convened: 7:00 AM

1. **Welcome** – Ray Maxim welcomed MCAC members and others. Two individuals, Sarah Reed and Sarah Emond from CEPAC were present.
2. **Integrated Care Initiative** - (Alison Croke)

Alison Croke gave an overview of the initiative. The State is involved with a competitive procurement for a managed care organization to provide services to individuals with Medicaid and Medicare coverage, or ‘dual eligibles’ and also to those adults with disabilities/chronic conditions with Medicaid-only coverage. This does not include the RItE Care population. The ACA gives states the ability to coordinate financing and care for these populations. Two other states have initiated their programs- Massachusetts and Washington. The group was asked for suggestions on how to do this positively.

Specific feedback on the Integrated Care Initiative:

- Comment that it’s very important to get medications correct during transitions. Formularies are not always online. Need medication reconciliation. Not all providers use Surescripts. You can look at the formulary but it doesn’t tell you the PA process.
- Physician recommended hospital discharge info to go right to provider in EMR. Currently a fax may come over to PCP or may get something in 1 week. With CCC care managers, usually receive within 48 hrs after discharge.
- Does ER use currentcare? Sometimes.
- Hospital hires care managers for ER. They work really well.
- The best situation is if the care managers are embedded in the practice.
- Personality of the case manager is important.
- RN noted that HIPAA is a barrier in getting info to others on care team.

For updates on this initiative see the EOHHS website at www.ohhs.ri.gov under Integrated Care. Feedback is welcome at integratedcare@ohhs.ri.gov

3. **Follow-up on rTMS and Extended Family Planning Program**—(Deidre Gifford)

- a. rTMS- Handout on rTMS was given out. The State Medicaid program, at this time, has decided not to cover rTMS as a covered benefit.
- b. EFP- Handout on Oct meeting on EFP was given out. Our next steps are to work internally and with CMS to see if we can cover a few of the items that have been identified. In light of changes coming as a result of the ACA, we will have to keep these in mind. We will also work with the State's Title X program.
 - Comment that the two most common STDs seen in ER are Chlamydia and Gonorrhea. Member was surprised this was not covered in EFP program.

4. **Updates**—(Deidre Gifford)

- a. Primary Care Rate Increase (ACA).

The state is working on implementing this increase. It will be effective for a two year prior beginning on January 1, 2013. The State is working with the MCOs on implementation and will have a single process for determining eligibility. The program requires that Medicaid pay primary care providers (Family Medicine, Internal Medicine and Pediatrics) at 100% of the 2013 Medicare fee schedule, through December 2014.
- b. Adult Quality Measures Grant- no updates on this grant yet.
- c. Psychotropic drugs in children in foster care.
 - DCYF has been working with NHP on this. There is some national attention on issue as well.
 - R. Wagner has some drug utilization info on this to share.

5. **CEPAC Update** – Diagnosis and Treatment of Obstructive Sleep Apnea in Adults (Bill McQuade)

Bill handed out a summary for the topic- Obstructive Sleep Apnea. Bill will be attending a meeting in Hartford, CT on Dec 6 on this topic and will report back at the next MCAC meeting.

Meeting Adjourned 8:00 AM

Next Meeting- Wednesday, March 6, 2013 at 7:00 AM