

May Meeting Notes

Medical Director Meeting

Kentucky Medicaid Managed Care Plans

Wednesday-May 21, 2014

1:00 p.m. – 3:00 p.m.

Location

Anthem/BC/BS

13350 Triton Park Blvd.

Attendees (MCO's): Dr. Vaughn Payne (Humana/CareSource), Dr. Donald Wharton (Humana/CareSource), Elizabeth McKune (Passport), Dr. Peter Thurman (Anthem/BCBS), Celia Manlove (Anthem/BCBS), Dr. Howard Shaps (WellCare), Dr. Fred Tolin (CoventryCares/Aetna), Jerry Caudill (Avesis)

Attendees (CHFS): Dr. Allen Brenzel (BHDID), Dr. Stephanie Mayfield (DPH), Dr. Connie White (DPH), Andrea Adams (OHP), Patricia Biggs (DMS), Samantha McKinley (DMS), Adi Mitrache (UKMC), Dr. John Langefeld (DMS)

Agenda Discussion Items

➤ **Update from past meetings**

• **Behavioral Health – Update**

▪ **Impact Plus**

Dr. Brenzel updated the future plans around Impact Plus and need to have them enrolled as active providers under managed care services.

▪ **CMHC Medical Director contact**

Dr. Brenzel thanked the medical directors for their participation in the CMHC medical director meeting held at DBHDID. He also requested and was authorized to provide a contact list to the CMHC medical directors for contact information.

▪ **AG Grant Funds update**

An update of current the active evaluation of proposals from providers regarding development of adolescent substance abuse resources utilizing AG grant funds. These proposals are being actively evaluated with a desire to make selections and disperse the funds within the next 60-90 days.

▪ **Project Plan Team**

The list of identified individuals representing respective MCO's who would participate in a workgroup with DMS & DBHDID for the project work-group was reviewed. There was a request to confirm members and/or make additions and confirm if the medical director would personally participate. The initial objective will be to develop a detailed project plan that will outline objectives, identify common issues (including coding and reimbursement/rate structure), discuss development of continuum of care resources, and clarify regulatory and provider enrollment issues. Members of this workgroup tentatively identified:

- ✓ Allen Brenzel, MD (DMS)
- ✓ John Langefeld, MD (DMS)
- ✓ Angelina Harmon (Anthem/BCBS)
- ✓ Kimberlee Richardson (Coventry)
- ✓ Kristan Mowder (Humana/CareSource)
- ✓ Elizabeth McKune (Passport)
- ✓ Paul Kensicki (WellCare)

- Stephen Houghland, MD (Passport)
- Peter Thurman, MD (Anthem/BCBS)
- Howard Shaps, MD (WellCare)
- Fredrick Tolin, MD (CoventryCares/Aetna)
- Vaughn Payne, MD (Humana/Caresource)

▪ **Institutional De-certifications**

The group was notified of an active plan to convene all MCO representatives to review a long list (24 children) who has been “de-certified” for inpatient care. This meeting will focus on review of current cases and status; current protocols and criteria utilized; case management, discharge planning, and care coordination. It will also review contractual obligations and CHFS (DMS/DBHDID/DCBS) expectations.

Summary as of 5/16/2014

CoventryCares:	11
WellCare:	6
Passport:	5
Humana:	2

• **ER Super-Utilizer Meeting Debrief**

NGA continues to provide support and are developing a template operational plan that can facilitate local work-group activities. MCO’s are asked to maintain active involvement with these local groups as they work through care-coordination plans and development of economic support models.

• **Colorectal Cancer Screening project**

Thanks to all for responding in support of the request from UK College of Public Health. Summary below:

UK’s CDC-funded Rural Cancer Prevention Center is submitted a research grant application to CDC seeking a Prevention Research Center, preferably in a state with Medicaid expansion, to assess the feasibility of a population-based mail program to disseminate fecal immunochemical test (FIT) kits in an effort to increase colorectal cancer (CRC) screening.

• **Health Home Planning Update**

Andrea Adams provided an update regarding the Health Home planning activities. She has received all but one of the “Service Inventory” (WellCare, Anthem,

CareSource/Humana, Passport have completed). The group was also updated on the current status of planning and initial data analysis. The initial views of the data will be discussed with the group at the June meeting.

- **Dental Items:**

- **Fluoride Varnish**

- There continues to be a system issue with the delivery of fluoride varnish to children in Physician's offices. Some initial response indicates that these services are covered, but not much specific feedback from MCO's at this point. Another request was made that the MCOs work within their systems to correct this oversight and reimburse the Physicians for the delivery of these services.

- **CT Mandible Criteria**

- It has been noted that the medical personnel who review these scans do not feel qualified to read CT scans of the mandible. Therefore it has been requested that a qualified individual with expertise in this area be secured to review these cases.

- **Oral Pathology**

- Oral Pathologists have not been reimbursed for their services for several years. They are qualified and trained in this specialty but presently no mechanism exists to reimburse them in Medicaid. It was requested that such a reimbursement mechanism be found. There are two possible suggestions as to how this can be accomplished. 1) Change the dental regulation to include payment of these services or 2) Pay them on the Medical side as the rest of the pathologists.

- **Mobile Van Services**

- The monitoring of mobile vans for continuity of care, and for "cherry picking" has and continues to be an issue. A request to better monitor these units across the system was made

- **New Discussion Items**

- **New Pharmacotherapy Treatments**

- Samantha McKinley led the group in a discussion regarding concerns and coverage for two new pharmacy products.**

- **Sovaldi (Sofosbuvir)**

- (Excerpts from: **Statement of the National Association of Medicaid Directors**)

- Patients, providers, and payers are actively discussing the complex implications of the new developments in the treatment of hepatitis C; the need for sound clinical evidence has never been greater. The potential for eliminating hepatitis C is an exciting one. However, the high cost of sofosbuvir (branded Sovaldi), at \$1,000 a pill, requires careful consideration of how to responsibly decide how to best use this new treatment option, especially in light of the three million people currently diagnosed with hepatitis C in the United States.

On May 20, 2014, the Medicaid Evidence Based Decisions Project (MED) released a report that provided much needed insight into this issue. The

report, titled *Sofosbuvir for the Treatment of Hepatitis C and Evaluation of the 2014 American Association for the Study of Liver Diseases Treatment Guidelines*, contains a thorough review of currently available and ongoing studies of sofosbuvir and extant treatment guidelines.

“The Center’s report is a key step in solidifying the evidence base for this drug. Based on its rigorous review of the ten published sofosbuvir studies, the Center found that each was of “poor” methodologic quality, noting risks of bias and lacking comparison to current standards of hepatitis C treatment. None of the studies were designed to answer the question of whether these drugs work better than current treatments and for the people most likely to have them prescribed. The report also questions the soundness of treatment guidelines published by the American Society for the Study of Liver Disease, noting the guideline methodology did not rigorously examine the aforementioned studies to assess their weaknesses.

“As stated in the report, there are no long-term studies upon which to draw conclusions. Therefore Medicaid programs must be deliberate in their decisions and may need to adapt their strategies over time as more detailed clinical research becomes available.”

“However exciting these new treatments are, the unprecedented nexus of cost and widespread demand threaten to disrupt the health care landscape in the near term. I believe that efforts from groups like the Center can – and must – contribute to an ongoing national conversation about the value of chronic disease treatments, pharmaceutical innovation, and overall health.”

In addition to this summary, several other documents were disseminated including: Clinical criteria and accepted guideline from Arkansas Medicaid program; “Sofosbuvir for the Treatment of Hepatitis C and Evaluation of the 2014 American Association for the Study of Liver Diseases Treatment Guidelines”, **Center for Evidence-based Policy**, Oregon Health & Science University, May 2014; “Ledipasvir and Sofosbuvir for Previously Treated HCV Genotype 1 Infection”, *NEJM*, April 17 2014; “The Comparative Clinical Effectiveness and Value of Simeprevir and Sofosbuvir in the Treatment of Chronic Hepatitis C Infection”, Technical Assessment & Final Report, Institute for Clinical and Economic Review, April 15, 2014;

The current criteria utilized by DMS (Magellan) was reviewed.

There were additional questions and discussion regarding potential alternative funding or “carve out” options for the health plans. The current position articulated from HHS (see below) was released to the group. It was acknowledged that this will be a situation that will require diligence and continued dialog, especially since it represents only one in an expanding list of other similar “pipeline” drugs.

HHS Position and Response

“NAMD is in regular contact with CMS on this issue. Currently, CMS has no plans to issue formal guidance on this specific product. With respect to reimbursement, informally CMS has indicated that states wishing to modify reimbursement to plans will need to blend Sovaldi into their capitation rates. **CMS officials have advised NAMD that states will not be permitted to create carve-outs or provide lump sum payments.**

Additionally, the Center for Disease Control and Prevention (CDC) within the Department of Health and Human Services recently released an updated action plan to combat hepatitis C, which includes a call for increased testing and screening for the disease.¹ This could result in increased hepatitis C diagnoses, adding to the 3 million Americans already diagnosed.”

▪ **Zohydro ER**

Zohydro ER is a new extended release painkiller that was introduced by San Diego based Zogenix Inc. Dosage options include: 10mg, 15mg, 20mg, 30mg, 40mg, 50mg capsules. It has an Indication for management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Administration is every 12 hours. Not to be chewed, crushed or dissolved. It is the **first** hydrocodone-only opioid.

U.S. Food and Drug Administration approved the product without an abuse-limiting formula against the recommendation of its own advisors.

Concerns:

- The FDA approved Zohydro last October over the objections of its staff and advisory committee, which warned there was potential for Zohydro to be abused even more than currently available hydrocodone combination products.
- The drug is five to 10 times more “heroin-like” narcotic than traditional hydrocodone products.
 - The U.S. consumes 99% of the hydrocodone used in the world
 - Users will be able to crush it, chew it or mix it with alcohol
- Experts say there is little rigorous research showing the drugs are beneficial when used for many months or years.
- Republicans Mitch McConnell of Kentucky, Tom Coburn of Oklahoma and Lamar Alexander of Tennessee sent a letter to the Food and Drug Administration asking how the agency will prevent the misuse and abuse of Zohydro, which will be the first pure hydrocodone painkiller sold in the U.S.
- In December, 2013 29 U.S. Attorneys General wrote to the FDA asking the agency to reconsider its approval of Zohydro.

“We believe your approval of Zohydro ER has the potential to exacerbate our nation’s prescription drug abuse epidemic because this drug will be the first hydrocodone only opioid narcotic that is reportedly five to ten times more potent than traditional

hydrocodone products, and it has no abuse deterrent properties,” the letter says.

- Samantha shared with the group the status of current discussion as well as a draft of clinical criteria under consideration. Discussions focused upon establishing sound and guideline specific criteria to ensure utilization while limiting diversion and abuse opportunities.
- **Quality Program Recommendations for Medicaid Advisory Committee (MAC)**

By contract all MCO's are required to submit plans for 2 Performance Improvement Plans (PIP's) annually, focused on quality improvement initiatives. In the last MAC meeting Commissioner Kissner reviewed this requirement with the committee and stated that in the spirit of creating some common focus around quality, reducing any unnecessary burden on providers, and ultimately “moving the quality meter”, he was asking that one of the PIP's be a singular focus across all the MCO's.

With that context he asked the committee for their recommendation around a topic for consideration and recommendation. After some discussion the group asked that DMS give some background information regarding potential areas of opportunity that the committee may consider in making a recommendation.

A presentation was reviewed with the group that included much background information around areas of need/opportunity. The information was also presented within the context of the governor's health initiative kyhealthnow. There was general support for the presented materials with one comment regarding the desire to potentially align a selected topic that has a HEDIS technical specification. The information will be presented at the MAC meeting tomorrow (5/22).

➤ **Misc. items**

Task Force on Childhood Asthma

Dr. White announced that a Task Force on Childhood Asthma and the Healthy Home curriculum has developed a pilot project to present to the MCO this summer. The proposal involves home assessment, asthma education and improving outcomes using Community Health Workers and Healthy Homes assessors. Other states have shown dramatic improvement in health outcomes of these children using similar approaches. Working with the MCO case management team, local providers, asthma educators, school nurses and Healthy Homes specialists, the program will track ED visits, provider visits, and hospitalizations among this targeted group. The Task Force is hopeful that MCO support of pilot projects to refine this model will lead to a targeted way to improve the health of our youngest Kentuckians.

- ❖ **Next Meeting: Scheduled June 17th , 1-3pm (Location: CoventryCares/Aetna; 9900 Corporate Campus Drive, Suite 1000 Bluegrass Conference Room)**