Date: April 29, 2015

Place: DHSS Campus; Lewis Bldg.
1901 N. DuPont Hwy.
CR # 258
New Castle, DE 19720

Time: 9:00 AM – 11:00 AM

Presiding: Chair, Dr. Julia Pillsbury, D.O.

Members Present: Thomas Barlow, Kris Bennett, Nadine Chance, Judith Chaconas, Glen Goleburn, DMD, Ann Phillips, Piliro Damaris, Julia Pillsbury, D.O., Lisa Schieffert, Yrene Waldron

Members Absent: Michelle Amadio, Calvin Freedman, James Lafferty, Leonard Nitowski, MD, Olga Ramirez, Lori Ann Rhoads, Lynn Robinson

Staff Present: Dr. Anthony Brazen, D.O., Cindy Denemark, Kathleen Dougherty, Rebecca Gallagher, Stephen Groff, Julia Pillsbury, D.O., Greg Roane, Jose Tieso, Glyne Williams, Lisa Zimmerman,

Staff Excused: Janet Bailey, Kay Wasno

TOPIC FOR DISCUSSION

DISCUSSION / ISSUE

Call to Order: Chair, Dr. Julia Pillsbury, D.O.

• Chair Dr. Pillsbury welcomed everyone and called the meeting to order at 9:03 AM.

Approval of Minutes: Chair, Dr. Julia Pillsbury, D.O.

• Chair Dr. Pillsbury called for any additions, alterations or corrections to the December 10, 2014 Minutes. Being none, Dr. Glen Goleburn, DMD moved to accept the minutes as recorded. Ms. Waldron seconded the motion. Motion carried.

New Business:

• Dr. Glen Goleburn, DMD announced he is stepping down from his membership representing the Dental Society and Dr. Paul Christian will be replacing him.

Standing Committee Reports:

DMMA Update: Director Steve Groff

• MCO contracts were finalized in January. It was a bit of a challenge and a major transition but handled very well.
• Extra resources were added by HP for HBM for the large volume of calls through January and February. 55% went with United and 45% went with Highmark.
• Budget presentation was given in February. No additional funding was requested by DMMA
• The legislators were unhappy with the progress of a contract with a vendor for the Medicaid Fraud Unit. Health Integrity was awarded the contract and we are going through the initial set of edits; events that should not be billed and working to eliminate duplicate billing.
**DMMA Update Cont’d:**  
*Director Steve Groff*

- Nemours and United are now involved in a legal dispute. This does not impact services to Medicaid eligible children.
- We are assessing Network Adequacy now. I stated at the JFC hearings, we had done an initial assessment at the time the contracts were signed. A preliminary report states that both plans are going to be substantially in compliance with their contract but each plan may have isolated deficiencies that may require a corrective action plan but nothing seems to be an issue right now.
- A brief question and answer period ensued.
- DMMA amended our State Plan with the ACA to bring us in alignment with essential health benefits; we now define preventive services as anything that is on the United States Preventive Task Force schedules A and B. Fluoride varnish was added to that in the past 12 months for children 6 – 15. It was our intent to have that in place January 1st. However, we’re looking at how we will roll these new recommendations out each year as it presents a bit of an issue with us and the fact that most if not all of it will be provided by the MCO’s which wasn’t included in the rates we calculated at the time we negotiated the contracts. Plan going forward is to look at recommendations that are made between June 1 and July 30 and putting them in place the following January 1st. That gives us the opportunity when negotiating rates to have a discussion around impacts; it is a little more complicated than first thought.
- A lengthy discussion followed regarding assorted therapies.

**MCO Update:**  
*Kathleen Dougherty*

- Our PACE site on the riverfront is currently serving 122 participants and they are working on expanding additional sites in New Castle County within the next 3-4 years. We have begun the process to get approval from the state and CMS.
- MFP program transferred 234 clients into the community from long term care institutions. We currently are operating and servicing 137 individuals in the community with an additional 74 members who are thinking about transitioning into the community. The MFP grant is sent to expire 2018; we are currently working on our sustainability plan.
- We are working closely with DDDS to ascertain we are representing their members; we successfully transitioned a complex member into the community. We are looking at working with 5 additional members as well.
| Pharmacy Update  
*Cindy Denemark* |
|------------------|
| • Medicaid for Workers with Disabilities is currently working on revising and renewing MOA with the Delaware Disability Determination Services who makes disability determinations under section 221 under the Social Security Act; we serve about 39 members in the MAUD program. Most of them have a disability determination from SSA; for those who do not, we work with the disability determination office and have used them 5 separate times over the past several years.  
• Our case management oversight activities are expanding. Everyone has been serviced in the past 3 months. We are looking at what needs done in the next 3 months and even a year down the road. We service about 13-14 thousand members in this population with this program that is constantly evolving. We will be looking at expanding the program to behavioral health clients as well.  
• January 1st we transitioned the Drug Benefit to the MCO’s. Given the magnitude of this change, it went very well. Providing the drug history to the MCO’s for the clients that were enrolled in the plan at the end of December and providing all the prior authorizations in the system to the MCO’s assisted in the ease of the transition.  
• Both the MCO’s have wonderful teams to work with; specific to Pharmacy, we requested they have a Delaware Pharmacy Director dedicated to helping our clients. We know that the way we manage the drug benefit in Delaware is quite intense and the organizations weren’t quite ready for how we did this.  
• The provider network did not go quite as smoothly; some pharmacies didn’t notice they had a contract in place with the MCO’s and they were not excited with the rates they were being reimbursed, some pharmacies had extra services and were comfortable with what DMMA was paying for reimbursement but once they got to MCO reimbursement, they had some additional discussions about client’s needs, etc. Some providers weren’t registered at all with the MCO’s and had to go through the application process and getting their contracts in place with the two MCO’s.  
• We are still working through the Preferred Drug List and the interpretation of what the state does and does not mandate and how rapidly we can make changes to it.  
• In our contract with the MCO’s, both are going to be doing Medication Therapy Management (MTM); they haven’t started that yet, but that will be an option for our clients.  
• The division is very excited about long acting reversible contraceptives (LARCs); we have begun a pilot with Christiana Care Health Services that has been rolled out to other hospitals as far as their billing because it’s both a bundle rate and FFS billing of the actual device. When the woman is discharged, the device is in...
Delaware Health and Social Services  
Medical Care Advisory Committee (MCAC)  
April 29, 2015

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<th>Planning &amp; Policy Update</th>
<th>Glyne Williams</th>
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<td>• A discussion developed regarding prescriptions, medications and policy.</td>
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<td>• The entire Medicaid State Plan is now viewable on the DMMA website:  <a href="http://dhss.delaware.gov/dhss/dmma/resources.html">http://dhss.delaware.gov/dhss/dmma/resources.html</a>.</td>
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<td>• We are in the very early stages of looking into Community First Choice (1915K), which allows states to provide home community based attendant services.</td>
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<td>• The new Community Rule applies to the Medicaid Services provided under the 1915 I, C and K. The intent of the rule is to make sure the people receiving federally funded community based services have opportunities to access community services in the most integrated settings to include opportunities to work and engage in community activity. We worked closely with DDDS on the plan and published it in February. There were public meetings on the 23rd and 27th of February in both New Castle Counties and Kent County. There were approximately 160 people in attendance for these public hearings; about 33 gave testimony. As a result of the public notice, we received over 200 comments from individuals. We submitted the transition plan with the comments and corrections from the public on the 17th of March, which was the deadline set by CMS. We are now moving to the next phase. There is a lot of activity that has to occur within the next 4 years. We are currently working on a developing an assessment survey, developing appropriate methods for maintenance survey and community outreach. We expect to have these sections completed by fall this year.</td>
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<td>• You will recall in December, Logisticare came and did a presentation. Legislation has been introduced to address some of the issues; some under our control, we are addressing internally.</td>
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<td>• Changing the schedule of the MCAC meetings. Instead of meeting June, September, December and March, we meet January, April, July and October. It seems that schedule would work better for DMMA and reduce the amount of meetings that get postponed. Discussion of the topic ensued. The committee unanimously voted on changing the dates of the meetings.</td>
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<td>New Business</td>
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<td>• Dr. Goleburn thanked the committee for allowing him to serve.</td>
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<td>• Being no further business, Dr. Pillsbury adjourned the meeting at 10:50 AM.</td>
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Respectfully submitted,

Rebecca Gallagher  7/8/2015  Julia Pillsbury, D.O.

Rebecca Gallagher, Recorder  Date Approved  Dr. Julia Pillsbury, D.O., Chairperson