

DRAFT Minutes—Indiana Medicaid DUR Board
Meeting of October 16, 2009—Meeting No. 154

In attendance:

Brian Musial, R.Ph. - Chair
John Wernert, M.D. - Vice-Chair
Patricia Treadwell, M.D.
Terry D. Lindstrom, Ph.D.
Kent Summers, R.Ph., Ph.D.
Jeff Brown, R.Ph., MS, BCPS

Also present:

Marc Shirley, R.Ph. - OMPP
Medina Lee, R.Ph. - OMPP
Emily Hancock, R.Ph. - OMPP
Kristin Baldock - OMPP

Jeannine M. Murray, R.Ph. - Anthem
Chris Johnson, R.Ph. - MDwise
Katasha Butler, PharmD - Managed Health Services
John Stancil, R.Ph. - ACS
Randall Renshaw, PharmD, BCPS - ACS

MEETING CALLED TO ORDER: Mr. Brian Musial, Board chairman, called the meeting of the Indiana Medicaid DUR Board to order.

APPROVAL OF MINUTES: Approval of the minutes from the September meeting was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: None

OPENING COMMENTS: Mr. Marc Shirley thanked the members of the Board for attending this meeting. Mr. Shirley indicated his understanding that new Board members were to be appointed in the next few days so there will be less concern about having a quorum present for future meetings. He indicated that Director Mike Sharp and himself would be meeting with the new members to familiarize these individuals with current Board discussion topics. Mr. Shirley added that he would provide the names of the new Board members after these individuals have been officially notified of their appointment. He also mentioned his understanding that Board reappointment notifications were to be made in the near future.

Mr. Shirley pointed out that the State of Indiana, like many other states, is experiencing severe financial strain due to revenue shortfall. He indicated that it is absolutely incumbent upon the Office of Medicaid Policy and Planning (OMPP) and OMPP's advisory bodies to try to think of ways to conserve funds. Mr. Shirley stated that OMPP always looks to the Board for suggestions that are both cost-containing and contribute to improved quality of care. He went on to say that OMPP welcomes any suggestions by the Board and appreciates the clinical expertise of the Board.

Lastly, Mr. Shirley indicated that the draft version of Preferred Drug List (PDL) Study #11 will be presented at the November 20th Board meeting. He indicated that Board members will receive an advance copy of this document in the mail prior to the meeting.

ACS UPDATE: Dr. Renshaw presented the prior authorization statistics for the month of August 2009. He noted that because the September Board meeting fell early in the month, the August prior authorization statistics were not available for the September Board meeting. Dr. Renshaw stated that there were a total of 3,476 prior authorizations. Dr. Kent Summers asked if there were any call center metrics such as the number of hang-ups, number of rings until answered, and the time needed to resolve the caller inquiry. Dr. Renshaw responded by indicating these types of measurements are monitored and presented to OMPP on a monthly basis. He pointed out that contractual standards surrounding these measurements must be met every month. Dr. Renshaw indicated that calls are typically answered within 30 seconds greater than 97% of the time and the abandon rate for calls is usually very low, in the three to nine calls per month range.

Dr. Renshaw presented the prior authorization statistics for the month of September 2009. He stated that there were a total of 3,592 prior authorizations for September 2009. Dr. Terry Lindstrom questioned why there was an increase in the number of denials for smoking cessation products in both August and September. Ms. Medina Lee, pharmacist from OMPP, responded by indicating that the 12 week limitation edit for the smoking cessation products was turned on by EDS during this time period thus explaining the increase in denials for these products. Ms. Lee added that this situation is being researched.

DIABETES COMPREHENSIVE CARE NEWSLETTER: Dr. Renshaw presented the Diabetes Comprehensive Care newsletter and asked if there were any questions. Dr. Lindstrom commented on the high quality of the newsletter but was concerned over the lack of follow-up indicated by 35% of Medicaid patients having a high HbA1c in the table at the end of the newsletter. Dr. Summers, also referring to the same table, stated that a benchmark, such as Healthcare Effectiveness Data and Informational Set (HEDIS) measures, should be included in this table for comparison purposes. Dr. Lindstrom concurred with Dr. Summers' assessment. Dr. Wernert asked why the percentage of patients not receiving the intervention was presented in this table when he felt that the percentage of patients receiving the intervention should be included in the table. Dr. Renshaw responded by saying that the intent was to present the data in such a way that it provides the number of opportunities for providers to intervene with their patients. Dr. Wernert added that his suggested presentation of the data is consistent with the way data is presented in medical literature. There was much discussion among the Board members surrounding the presentation of the data in the table and HEDIS measures. Mr. Chris Johnson, pharmacist from MDwise, pointed out that the denominator for all measures in the table should not be the same. Mr. Johnson went on to say that the denominator for patients with diabetes who have hypertension and chronic kidney disease should be a smaller number than those measures that encompass all diabetics. There was much discussion among the Board members on the best way to present data in the table used as a denominator. Dr. Patricia Treadwell suggested that eye and foot exams be brought to the first and second row of the table because these exams are often overlooked. Dr. Wernert suggested the newsletter should be approved without including the table in question. There was much discussion among the Board members about removing the table in the newsletter. A motion to approve the newsletter without the table was made and seconded. The motion passed unanimously.

The Board requested that the table in this newsletter be removed and placed in the next newsletter with the following changes: 1) Moving eye and foot exams to the first and second row; 2) Using the word "with" instead of "without" in the column header; 3) Reporting the inverse of the currently presented percentages; 4) Adding a column with Medicaid HEDIS measures matching each clinical issue presented in the table; 5) Identifying an appropriate denominator to match each HEDIS measure. Dr. Wernert noted that once the changes were made to the table, it would be appropriate to include this table in the intervention letter to physicians.

APPROVED SMART PA RULES IMPLEMENTATION SCHEDULE: Mr. John Stancil, Account Manager, presented the implementation schedule for approved Smart PA rules. Mr. Stancil stated that at the last Board meeting, concern was expressed over implementing all five approved prior authorization rules at one time. Therefore, the following implementation schedule is being proposed: 1) The duplicate SSRI/SNRI rule will be implemented on December 8, 2009; 2) The duplicate atypical and the duplicate typical antipsychotic rules will be implemented on January 12, 2010; 3) The duplicate stimulants and low dose atypical rules will be implemented on February 9, 2010. He added that consideration was given to not implementing some of these rules before the holidays.

MANAGED CARE ORGANIZATION UPDATE:

- Proposed PDL Changes—MDwise: Mr. Chris Johnson stated that he did not have any updates for the Board.
- Proposed PDL Changes—Anthem: Ms. Jeannine Murray stated that she did not have any updates for the Board.
- Proposed PDL Changes—MHS: Dr. Katasha Butler presented material previously sent to the Board members. It was moved and seconded that the PDL changes be approved. The motion passed unanimously.

NEW DRUGS: None.

LIAISONS WITH OTHER BOARDS: Dr. Wernert stated that he attended the Mental Health Quality Advisory Committee (MHQAC) meeting held yesterday. He indicated that he asked the MHQAC, on behalf of the Board, to be diligent in their efforts to review psychotropic Smart PA rules and quality edits so that incompatibilities do not occur in the formulary system. Dr. Wernert also asked the MHQAC to solicit input from clinicians and providers about these rules and edits. He added that the MHQAC members are taking their jobs seriously. Dr. Wernert indicated that he plans to attend future MHQAC meetings and will continue to express gratitude to the MHQAC on behalf of the Board.

PUBLIC COMMENT: None.

OLD BUSINESS: None.

NEW BUSINESS: None.

MEETING ADJOURNED.