

**Medicaid Physician & Managed Care Liaison
Subcommittee 3 Meeting**

Members of the Whole Committee Invited

November 20, 2014 from 10:00 AM – 11 AM in Conference Room XXX

AGENDA

Call in # 1-866-842-5779, Conf. Code 8047864114, followed by the #

1. Welcome, Introductions & Goals for Meeting	Roger A. Hofford (Subcommittee Chair)	10:30 AM
2. Standardization of Online Formularies	Update from VAHP (Ms. Viergever)	10:35 AM
3. ADHD Data Collection from MCOs	Review and comments on number of children and college age persons on ADHD meds across MCOs (Dr. Hofford)	10:40 AM
4. ADHD Medication Algorithm for New Patients	Review and comments of using this across plans (Dr. Hofford)	11:00 AM
5. Final Comments, Next Steps & Feedback	Physician Members Plan Attendees	11:10 AM

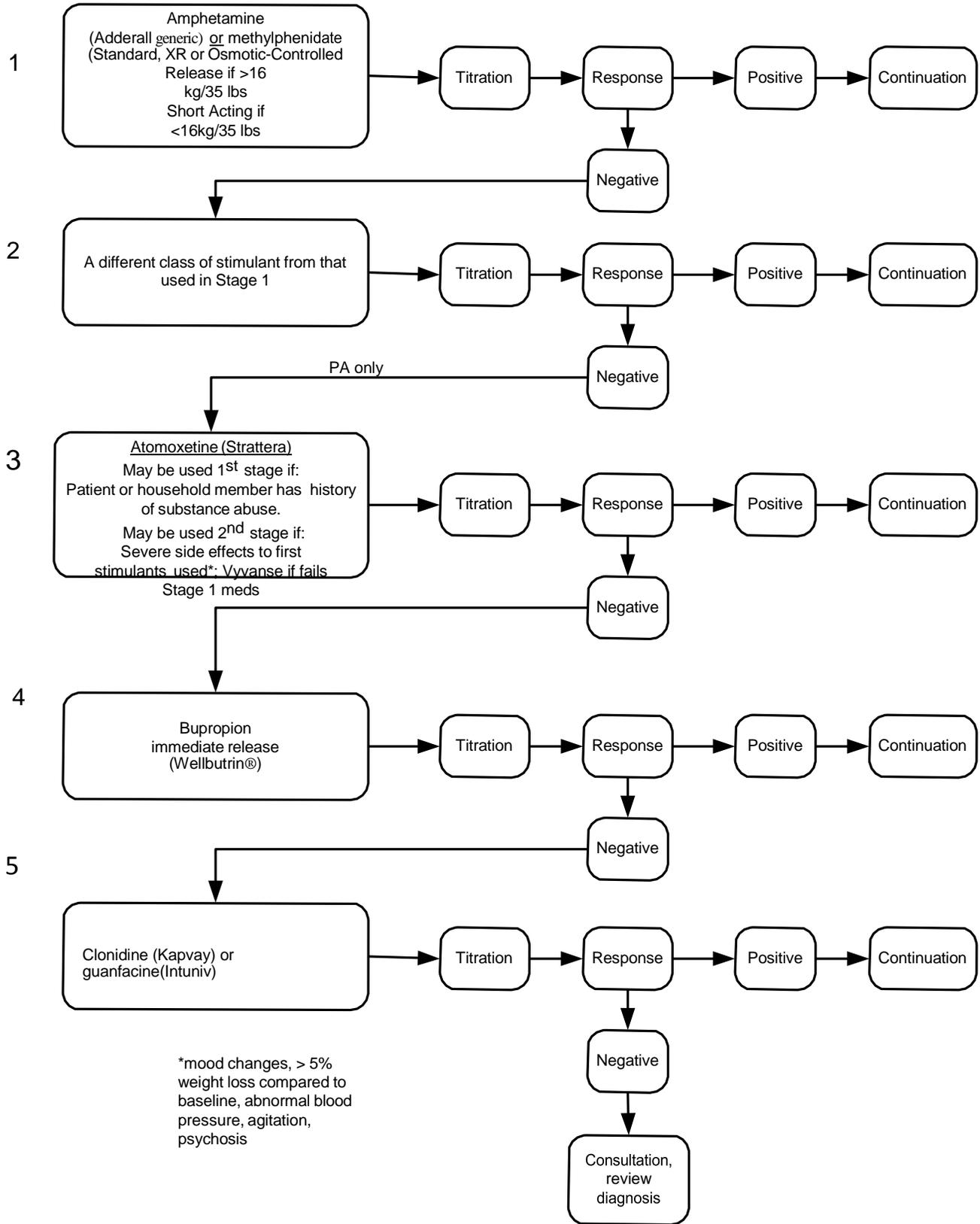
Attachments:

ADHD Spreadsheet

ADHD Medication Algorithm

Algorithm for the Psychopharmacological Management of Attention Deficit Hyperactivity Disorder (ADHD)

Draft 10/9/2014



Algorithm for the Psychopharmacological Management of Attention Deficit Hyperactivity Disorder (ADHD)

Draft 10/9/2014

This algorithm is intended for new patients who have never been on ADHD medications in their lifetime.

Stage 1: Long-acting preferred if school age to avoid dosing in school. Either methylphenidate or mixed amphetamine. Twice daily dosing is useful if late evening behavior problems. Titrate dose every one to three weeks until maximum effective dose reached or goals reached at lower dose or side effects prevent further dosing increases.

Strattera (prior authorization) should be considered Stage 1 if patient has comorbid anxiety or tic disorder or household concerns for substance abuse. If Strattera is used, give at least 6 weeks to see if effective.

Stage 2: If patient fails on one of the above either methylphenidate or mixed amphetamine, try the other class before moving to one of the medications below.

Stage 3: If patient fails on mixed amphetamines and methylphenidate, physician should request prior authorization for *Strattera* or *Vyvanse*. Failing on medication would be due to significant side effects such decreased appetite, weight loss, and/or decreased sleep that does not respond to time.

Stage 4 &5: Consider re-evaluating ADHD diagnosis or other co-morbidities present before going to this stage; If ADHD confirmed consider behavioral therapy before add-on medication for Stage 3 or 4 medications. Often necessary to use add-on medication if co-morbid aggression or to reduce side effects of tics or insomnia

If discontinuing an add-on medication, titrate dose downward over 1-2 week period to avoid sudden drop in blood pressure.

Plan	Va. Premier	Anthem	Coventry	Optima	INTotal	Kaiser	CCNC	CDC 2011 VA	CDC 2011 National	VA MCOs
ADHD MCO Data 4 thru 17										
Child with ADHD Dx	11,794	12,428	1,772	5,487	1,745	59		11.1-13%	11%	33,285
Child rx ADHD meds	13,460	15,165	1,233	10,649	1,687	49	65,121			42,243
ADHD_Meds/DX	114.13%	122.02%	69.58%	194.08%	96.68%	83.05%				126.91%
No. Child in plan	116,231	148,989	20,252	94,913	39,391	2,069	920,040			421,845
Percent Rx/No in plan	11.58%	10.18%	6.09%	11.22%	4.28%	2.37%	7.08%	6.60%	6.10%	10.01%
ADHD MCO Data 18 thru 25										
College with ADHD Dx	629	1,050	80	298	114	6				2177
College rx ADHD med	1081	1,269	81	962	123	6				3522
ADHD_Meds/DX	171.86%	120.86%	101.25%	322.82%	107.89%	100.00%				161.78%
No. College in plan	24463	17,096	2,908	15,158	5,404	347				65376
Percent Rx/No in plan	4.42%	7.42%	2.79%	6.35%	2.28%	1.73%				5.39%

Medicaid Physician & Managed Care Liaison Committee Meeting (MPMCLC)

November 20, 2014 from 10:00 AM - Noon in Conference Room 7A/B
600 East Broad St. Richmond, VA 23219

Meeting 4 AGENDA

Full Committee Meeting Call-In Info:

Dial-In# 1-866-842-5779, Conf. Code - 0961028985, followed by the #

<p>I. Welcome</p> <ul style="list-style-type: none"> ➤ Update on DMAS Activities <ul style="list-style-type: none"> ✓ A Healthy Virginia ✓ Managed Care Updates 	<p>Linda Nablo, Chief Deputy Director Department of Medical Assistance Services (DMAS)</p> <p>Cheryl Roberts Deputy Director for Programs</p>	<p>10:00 am</p>
<p>II. Workgroup Break Out Sessions Workgroup #3 (Dr. Hofford's Group) - will meet in Conf. Room 7E; Call in # is 1-866-842-5779, Conf. Code 8047864114, followed by the #</p> <p>Workgroups 1 & 2 will remain in the large conf. rooms and gather in their groups if needed.</p>	<p>Committee Chairs</p>	<p>10:30 am</p>
<p>II. Workgroups Report Out to Committee</p> <p>Please plan to share the top one or two topics you plan to work on for 2015</p>	<p>Cynthia Fegan Arline Bohannon Roger Hofford</p>	<p>11:15 am</p> <p>10 Min. Each</p>
<p>III. Group Discussion</p> <p>Agenda Items for Spring 2015 Meeting</p>	<p>Committee Members</p>	<p>11:45 am</p>
<p>VI. Wrap Up and Next Steps</p>	<p>Linda Nablo</p>	<p>11:50 am</p>

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I. Welcome	Linda Nablo, Chief Deputy Director Department of Medical Assistance Services (DMAS) Cheryl Roberts Deputy Director for Programs	10:00 am
➤ Update on DMAS Activities		
✓ A Healthy Virginia		
✓ Managed Care Updates		
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Agenda Items for Spring 2015 Meeting		
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Governor's *A Healthy Virginia Plan*: Ten Steps

Step 1

The Governor's Access Plan for Medical and Behavioral Health Services - Reaching Virginia's Uninsured with Serious Mental Illness (20,000 adults)

Step 2

Covering our Children - Reaching More Children through Medicaid and FAMIS (35,000 children)

Step 3

Supporting Enrollment in the Federal Marketplace - Reaching More Virginians during Open Enrollment (160,000 individuals)

Step 4

Informing Virginians of their Health Care Options - Reaching more Virginians through Cover Virginia

Step 5

Making Dependent Coverage Affordable for Lower-Income State Employees - Reaching More Children through FAMIS (5,000 children)

Step 6	Providing Comprehensive Dental Coverage to Pregnant Women in Medicaid and FAMIS - Improving Access to Oral Health Care (45,000 women)
Step 7	Prioritizing the Health of Virginia's Veterans - Accelerating Veterans Access to Care
Step 8	Winning a State Innovation Model Grant - Seizing Opportunity to Transform Health Care Delivery
Step 9	Creating Behavioral Health Homes - Strengthening Virginia's Behavioral Health System through Innovation (13,000 individuals)
Step 10	Reducing Prescription Drug and Heroin Abuse - Stemming a Devastating Proliferation of Substance Abuse

Where Do I Find Information on MPMCLC?

- <http://www.dmas.virginia.gov/>
- Under 'What's New'
 - Click on 'Medicaid Physicians Managed Care Liaison Committee'
 - Check out the MPMCLC Annual Reports

2013 Appropriation Act
Item 307. MMMM
Health and Human Resources
Department Of Medical Assistance Services Language

"JJJJ. Effective July 1, 2013, the Department of Medical Assistance Services shall establish a Medicaid Physician and Managed Care Liaison Committee including, but not limited to, representatives from the following organizations: Virginia Academy of Family Physicians, American Academy of Pediatricians – Virginia Chapter, Virginia College of Emergency Physicians, American College of Obstetrics and Gynecology – Virginia Section, American College of Radiology, Psychiatric Society of Virginia, Virginia Medical Group Management Association, and Medical Society of Virginia. The committee shall also include representatives from each of the department's contracted managed care organizations and a representative from the Virginia Association of Health Plans. **The committee shall work with the department to investigate the implementation of quality, cost-effective health care initiatives, to identify means to increase provider participation in the Medicaid program, to remove administrative obstacles to quality, to explore cost-effective patient care, and to address other matters as raised by the department or members of the committee.** The committee shall meet semi-annually or more frequently if requested by the department or members of the committee. The department, in cooperation with the committee, shall report on the committee's activities annually to the Board of Medical Assistance Services and to the Chairmen of the Senate Finance and House Appropriations Committees and the Department of Planning and Budget no later than October 1 each year."

New Medicaid Managed Care News

June 2014 - November 2014

Medicaid Provider and Managed Care Liaison Committee

New Name – IT'S OFFICAL! Medallion 3.0 is the new name for the program. Approved by CMS and all contract and materials have been changed.

Quality Scores Are In – Most measures stayed relatively the same. Pleased that those adolescent visits have increased.

Pediatric Visits Up – Both the EPSDT scores as well as the quality compass placed Virginia in the upper quadrant of states. 90% of children visited their PCP in 2013.

Specialty Drug – A big focus nationally on new specialty drugs, e.g., Sovaldi and other drugs that are being released.

Foster Care - 10,400 foster care and adoption assistance children have been enrolled into managed care plans. Great partnership between plans, local DSS, DMAS and foster care parents.

MajestaCare – The health plan in Roanoke and southwest will be leaving the market November 30th. DMAS and MajestaCare are in the process of transferring the members to the 5 plans in the area and has worked out a successful transition and operation plan.

Expedited Enrollment – August 1 DMAS changed the way the managed care enrollment process worked in the system. Patients will move from FFS to MCO very quickly. The process greatly reduces churn for address or eligibility changes, etc.

Health and Acute Care Program (HAP) – 2700 managed care eligible EDCD waiver members will receive their acute care from MCOs beginning December 1st. The program will now combine the 4800 managed care home and community-based waiver enrollees who are already in MCOs for acute care.

Maternity – DMAS is working with VDH and CMS to improve maternity and health outcomes. Focus is on postpartum visits as well as quick enrollment, education, and partnerships with local DSS.

Governor's "A Healthy Virginia Plan" – The managed care division is working on two projects: Dental Coverage for Pregnant Women and Behavioral Health Homes for adults with SMI.