

**Minutes of the  
Medical Care Advisory Committee Meeting  
Tuesday, October 25, 2011  
1:00 PM – 4:00 PM  
AHCA Conference Room C  
Participants/Invitees**

**Members Present**

Martha Pierce  
Amy Guinan  
Catherine Moffitt, MD  
Robert Payne, DDS  
Richard R. Thacker, DO  
Paul Belcher  
Marcy Hajdukiewicz for Secretary Chuck Corley

**Non-Members Present**

Jim Saunders  
Lynn Hatter  
Stan Whittaker

**Members Not Present**

Jennifer Lange

**AHCA Staff Present**

Justin Senior  
Phil Williams  
Anne Wells  
Heidi Fox  
Alan Strowd  
Carla Sims

**Welcoming Remarks/Roll Call**

The Medical Care Advisory Committee (MCAC) meeting began with welcoming remarks by Acting Deputy Secretary for Medicaid, Justin Senior, followed by a roll call of committee members.

**Minutes**

Carla Sims advised that the minutes of the June 7, 2011, MCAC meeting had been sent to committee members for review prior to the meeting, and asked if there were any questions or comments.

With no questions or comments by the committee, a motion was made and seconded for approval of the minutes.

## **Medicaid Pharmaceutical and Therapeutics (P&T) Committee and the Drug Utilization Review (DUR) Board**

First on the agenda was a presentation by Anne Wells, Medicaid Pharmacy Services Bureau Chief, on the Medicaid Pharmaceutical and Therapeutics (P&T) Committee and the Drug Utilization Review (DUR) Board.

Ms. Wells explained that the purpose of the P&T Committee is to develop and implement a voluntary Medicaid preferred prescribed drug designation program, as mandated by the 2000 Florida legislature in SB 2034. This committee is made up of eleven members appointed by the Governor. Currently the committee membership consists of 4 MDs, 1 DO, 5 Pharmacists, and 1 individual from the Department of Agriculture and Consumer Affairs.

In addition, she noted that the DUR Board reviews and approves drug use criteria and standards for both prospective and retrospective drug use reviews. It applies these criteria and standards in the application of DUR activities, and reviews. It then reports the results of the drug use reviews, and recommends and evaluates educational intervention programs. The DUR Board also prepares an annual report regarding the DUR program for the Deputy Secretary for Florida Medicaid.

Ms. Wells then walked committee members through the Pharmacy website at: <http://ahca.myflorida.com/Medicaid/index.shtml#5> explaining how to access additional information on both the P&T Committee and the DUR Board.

## **Federal Health Reform Update**

Justin Senior then provided an update on Federal Health Reform legislation, explaining that Florida is still part of the Federal Health Reform lawsuit which is going to the U.S. Supreme Court. He further explained that the state's concern is with the individual mandate provision of the legislation, as well as the Medicaid expansion provisions.

## **Waiver Renewal Update**

Mr. Senior also explained that the waiver renewal request was submitted to the Centers for Medicare and Medicaid Services (CMS) on June 30, 2010. Since then the Agency has requested a series of waiver extensions and has begun a dialogue with CMS on their review of the submission. CMS has indicated there may be changes with regard to the Low Income Pool (LIP) program, and the expansion of the waiver program. Mr. Senior noted that while CMS has granted a number of 15 day temporary extensions, they have not yet provided approval of AHCA's waiver renewal request.

## **Legislative/Budget Update**

Phil Williams noted that there was not much to report from a legislative standpoint. However, state agencies were asked to provide a series of reduction proposals with a reduction target of 10%.

Referring to the handout provided titled FY 2012-2013 Reduction Schedule, Mr. Williams explained AHCA's most recent budget reduction proposal. This proposal includes, but is not limited to the following:

- Savings from the Telephony Expansion and Comprehensive Care Management Pilot
- Limit Medically Needy Program to Physician Services only
- Elimination of the MEDS AD waiver
- Elimination of Adult Dental Services
- Elimination of the Podiatrist Program
- Elimination of Adult Vision & Hearing Services
- Elimination the Pharmaceutical Expense Assistance
- Elimination of the Chiropractic Program
- Limit Payment for ER Visits to 12 per year for Adults
- Limit Payment IP Days for Each Non-Pregnant Adults to 23 days (from current 45)
- Limit Payment for Home Health Visits to 3 per recipient per day (from current 4)
- Limit Payment for General Practice Visits to 2 per month

## **Health Information Exchange and Electronic Health Records/Incentive Rollout**

Heidi Fox with the Florida Center for Health Information and Policy Analysis then provided an overview of the Health Information Exchange (HIE) and Electronic Health Records (EHR)/Incentive Program. She explained that the Florida HIE provides infrastructure for the exchange of health care information between providers. Through the Florida HIE, providers will be able to exchange patient information regionally, statewide, and on a national level, thus enhancing communications between hospitals, laboratories, and pharmacies regardless of their location. Providers are able to participate as individuals through Direct Secure Messaging or through a provider network organization.

Ms. Fox also briefly discussed the Florida Medicaid Electronic Health Records (EHR) Incentive Program. Through this program, incentive payments are available to eligible professionals and hospitals that adopt, implement, or upgrade to a certified electronic health record system and demonstrate the ability to meaningfully use the technology. More information on both the Health Information Exchange (HIE) and Electronic Health Records (EHR)/Incentive Program can be obtained by visiting the Florida Center for Health Information and Policy Analysis website at: <http://ahca.myflorida.com/SCHS/index.shtml#6>.

## **ICD-10**

Alan Strowd, Bureau Chief of the Bureau of Medicaid Contract Management then made a presentation on ICD-10. Alan explained that in 1990, the World Health Organization (WHO) adopted the 10<sup>th</sup> International Classification of Diseases (ICD), which is known as ICD-10. Since then, 136 countries have adopted ICD-10. While the United States still uses ICD-9, we are working to adopt ICD-10.

Mr. Strowd explained that the change from ICD-9 to ICD-10 is necessary because:

- ICD-9 was adopted in 1979 and is now outdated
- Federal regulation requires that all HIPAA-covered entities must use ICD-10 codes for information they transmit electronically
- ICD-10 provides more information per code
- ICD-10 provides better support for analysis
- ICD-10 provides improved ability to look at risk and severity
- ICD-10 is more consistent with the rest of the world

He further noted that a great deal of work must still be done to ensure transition from ICD-9 to ICD-10 by the October 1, 2013 deadline set for transition compliance.

### **Topics for Next Meeting**

As the meeting drew to a close, committee members recommended the following topics for our next meeting, which was tentatively set for January 24, 2012:

- Update on Legislative Activities,
- Update on the Managed Care Waiver Amendment and
- Update on efforts of last year's Communication Team

### **Adjourn**

At 4:00 p.m. the meeting was adjourned.