



Elizabeth Matney, Medicaid Director

Hawki Clinical Advisory Committee (CAC)

AGENDA
Hawki CAC
Thursday, April 21, 2022
Time: 7:30 – 8:30 a.m.

Dial: 1-866-685-1580
Code: 000 999 0230

Meeting Objective

To engage clinicians to provide the best care and services for the pediatric population covered by the Hawki Program.

Roll Call	Diane Morrill
Opening	Dr. Jagiello
Approval of Minutes	Dr. Jagiello
Changes at HHS	Dr. Jagiello
Prior Authorization Review	Dr. Jagiello
New Director of Iowa Medicaid	Dr. Jagiello
Listening Sessions	Dr. Jagiello
Quarterly Meetings with DME Vendors	Dr. Jagiello
Open Discussion	Dr. Jagiello
Closing	Dr. Jagiello

Next meetings:

July 21, 2022

October 21, 2022

January 19, 2023

April 20, 2023



Hawki Clinical Advisory Committee
Minutes of Meeting April 15, 2021

CAC Members Present:

Teri Wahlig, MD
Stephanie Sinclair, NP
William Howard, MD

CAC Members Absent:

Stacy Wagner, MD
Deb Bixler, DO

Hawki and contract staff present:

Anna Ruggle, Hawki Policy
Tashina Hornaday, Hawki Policy
Bill Jagiello, DO, Hawki CAC Chair
Else Umbreit, Pharm D, IME
Diane Morrill, IME
Dr. Paul Mulhausen, ITC
Dr. Leslie Schechtman, AGP

Roll call of CAC members and attendees. Meeting was opened at 7:35 a.m.

The minutes from the January 2021 meeting were approved with one revision.

Else Umbreit, Pharm D was introduced. Else brings a wealth of knowledge on the development of policies and the research necessary to institute policies that are consistent with the standards of most commercial plans. Both Else and Dr. Jagiello will be working to ensure Medicaid policies are written in a timely manner as new drugs become available to ensure members have access to the medications they may require.

The pharmacy benefit for Medicaid, as well as most commercial plans, are split between drugs obtained through a pharmacy (including some OTC medications) and those drugs administered in physician's office, e.g., infusions or injections. The physician administered drugs are covered under medical policies that are written and approved by the Medicaid Clinical Advisory Committee (CAC) upon implementation and annually thereafter. One example recently discussed and approved by the Medicaid CAC would be Adakveo used for sickle cell disease. Both Dr. Jagiello and Else will be working to bridge the gaps in Medicaid policy for drugs that have recently been approved that would benefit the members served.

COVID-19 vaccine medical trials are underway for the pediatric population. There have been a few cases of MIS-C in this population in Iowa, and nationally there have been a few pediatric deaths. Pfizer is currently conducting vaccine trials for those 6 months through 11 years of age. The Johnson and Johnson vaccine has been placed on hold while the FDA completes further testing.

A discussion was held on what telehealth services have value to be continued following the pandemic. Hundreds of codes are being reviewed collaboratively to identify the codes that will/should be allowed moving forward. There are many codes with high volumes of use that are currently being covered with parity to reimbursement rates for in-office visits. Behavioral health services, which are being widely utilized, will likely be included going forward to aid rural populations, disabled members who do not travel easily, and to maintain COVID prevention. Members in facilities who typically are sent to the ER for acute presentations have been using telehealth with clinical staff in the facility. The use of telehealth is preventing many of those visits, allowing quicker access, who may not subsequently go to the ER for non-urgent visits.

ChildServe has been utilizing telehealth services for their members. Pediatric payers are looking at adult Medicare rules that do not allow certain providers/clinician types to use telehealth. Wellmark has a proposal for telehealth services going forward that is not using parity in reimbursement that will limit providers from offering telehealth services in the future. Both Drs. Wahlig and Howard have attended meetings where reimbursement for telehealth services has been discussed; both will send their information to Dr. Jagiello for future discussion at IME meetings. Both agree that the special needs population would utilize telehealth for follow-up appointments for feedings/nutrition, etc., and agree that most acute illnesses should not be conducted by telehealth visits.

Amerigroup and Iowa Total Care are working through utilization management issues for the rehabilitation disciplines. Both medical directors appreciate weekly meetings with Dr. Jagiello to work on consensus for Medicaid medical policies. ITC is working with DHS and IDPH to assist with vaccine clinics and an initiative to optimize efforts to deter social determinants to health.

No further areas of discussion were raised and the meeting was closed at 8:05 a.m.

The next scheduled meeting will be July 15, 2021, with subsequent meetings on October 21, 2021, January 20, 2022, and April 21, 2022 (third Thursday quarterly).