



Michael Randol, Medicaid Director

Hawki Clinical Advisory Committee (CAC)

**AGENDA
Hawki CAC**

Thursday, January 21, 2021

Time: 7:30 – 8:30 a.m.

Teleconference

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 October 2020 Minutes	Dr. Jagiello
COVID-19 Vaccinations	Dr. Jagiello
Off-Label Drug Use for ADHD Medications	Dr. Jagiello
Open Discussion	Dr. Jagiello
Closing	Dr. Jagiello

Next meetings:

April 15, 2021

July 15, 2021

October 21, 2021



Hawki Clinical Advisory Committee
Minutes of Meeting October 15, 2020

CAC Members Present:

Teri Wahlig, MD
Stephanie Sinclair, NP
Stacy Wagner, MD
Deb Bixler, DO

Hawki and contract staff present:

Bill Jagiello, DO, Hawki CAC Chair
Diane Morrill, IME
Anna Ruggle, Hawki Policy
Dr. Paul Mulhausen, ITC
Gretchen Hageman, Delta Dental

CAC Members Absent:

William Howard, MD

Roll call of CAC members, staff from Hawki Policy, and MCOs. Meeting was opened at 7:35 a.m.

As we have not held a formal meeting (met quorum) since October 2019, Dr. Jagiello thanked the CAC members who attended this morning's meeting. The minutes from the October 2019 meeting were approved as written. There were no Hawki Board updates.

Dr. Jagiello reported that the overall majority of IME have been working remotely from home since mid-March and that there have been no major issues or disconnects with business at hand. At this time there is no known date/plan to return to the office setting.

Related to the pandemic, CAC members reported as follows: Dr. Wahlig reported that ChildServe staff are exhausted from COVID-related challenges and clients are feeling isolated. Ms. Sinclair reported that appointments are almost back to pre-COVID levels after being down 40-50 percent in March and April. They are seeing some sick kids, but not many. They have had no COVID cases in their clinic staff. Dr. Wager works within a small rural hospital. They are not seeing many sick children, but do have the ability to separate the sick patients from the healthy patients. They are nervous about flow and challenges with sterilizing rooms between patients.

It was reported that the providers are having difficulty obtaining OTC drugs for their patients. MiraLax availability is a huge source of contention at present. When the providers prescribe more than one capful per day a PA is required, which should not be an issue for pediatric use where more than 1 capful is medically necessary and a frequent need. It was discussed that clinical input is needed with MCO pharmacy oversight. When attempting to obtain a PA for MiraLax, it was voiced that this is an OTC medication and would not necessarily need the PA approval process if purchased

without a prescription. The fact that both Hawki and Medicaid members are lower income in order to be on the programs contradicts the availability of funds available to purchase the medication out of pocket. This issue will be forwarded to the MCO account managers once additional detail is received. The administrative burden is extremely high to request PAs for medications that should not require routine PA. Dr. Mulhausen, medical director for ITC, reported he will take PA issues back to his MCO, will research, and will offer a report of findings at the next scheduled meeting.

Dr. Jagiello reported that he is on a committee addressing a CMS mandate that States report what telehealth services have been utilized during the pandemic and which services should have telehealth services remain in place once the pandemic has ended. CMS has instructed States to pay telehealth and in-person services the same during the pandemic. There are currently some services where the majority of visits are being conducted via telehealth rather than in-person; specifically behavioral health visits. With a lack of transportation, lack of close access, and other disparities, IME has been instructed to put in place a formal document that indicates what services and payment rates should be continued following the end of the current pandemic.

CAC members offered that telehealth cannot go back to pre-COVID conditions, that these services have greatly impacted patient access to care. This is a critical issue and are happy to hear that there is advocacy for continuation of these services and that payment be an important issue going forward with some payment the same as in-person visits. Telehealth for behavior health may increase HEDIS performance measures regarding office encounters after an acute behavioral health stay. There must also be restraints in place to mandate office visits for rashes, ears, throat, etc. checks.

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

The meeting was closed at 8:05 a.m.