



## MINUTES

### Attendees

Joseph J. Chiaro, M.D., CMS Deputy Secretary  
Gerold L. Schiebler, M.D., CMS Statewide Consultant

#### Northwest Florida Region:

##### Big Bend Region:

Mary Beth Seay, M.D., Medical Director  
Julia St. Petery, M.D., Assistant Medical Director & Primary Care Medical Director

##### North Central Region:

Rick Bucciarelli, M.D., Regional Medical Director  
Thomas Chiu, M.D., Assistant Regional Medical Director  
Michael Bell, M.D., Medical Director, Daytona  
Andrea Thorpe, M.D., Primary Care Medical Director, Daytona

##### Tampa Bay Region:

John Curran, M.D., Regional Medical Director  
William Ray, M.D., Assistant Regional Medical Director  
Rani Gereige, M.D., Assistant Medical Director

##### Central Florida Region:

William Knappenberger, M.D., Assistant Regional Medical Director

##### Southeast Florida Region:

Jaime Lambrecht, M.D., Regional Medical Director

##### Southwest Florida Region:

Barbara Rumberger, M.D., Regional Medical Director  
John Ritrosky, M.D., Medical Director, Ft. Myers  
Robert Shامsey, M.D., Medical Director, Sarasota  
Patricia Blanco, M.D., Assistant Medical Director, Sarasota

##### South Florida Region:

Lee Sanders, M.D., Assistant Medical Director, Miami N.

##### Guests:

Michael Gallant, M.D.  
Daniel Gallant  
Louis St. Petery, Jr., M.D.

##### CMS Central Office:

Phyllis Sloyer, Director, CMS Network Division  
Randy Wilcox, Chief, CMS Network Administration Bureau  
Vicki Posner, MHSA, Chief, CMS Network Operations Bureau  
Janice Kane, Chief, CMS Early Steps Bureau  
Lois Taylor, Director, Newborn Screening Unit  
Sue Steverson, CMS Central Office Nursing Consultant

### **Call to Order & Introductions**

Dr. Joseph Chiaro called the meeting to order at 9:30 a.m. Introductions were made by those present.

### **Review of Minutes**

- **Action:** A motion was made, seconded and approved to unanimously accept the minutes of the December 9, 2006 Medical Director's meeting as written and previously distributed.

### **Awards and Recognitions**

Dr. Chiaro announced that CMS received the following Davis Productivity Awards:

1. Newborn Screening program won the highest recognition, receiving a monetary award of \$1,500.
2. Mary Hooshmand, CMS Southeast Regional Nursing Director and Cynthia "Bebe" Hart, HCMS Quality and Practice Management Unit Director, were notified that as Special Needs Shelter Discharge Planning Team members they will receive recognition plaques.

Dr. Chiaro also highlighted two articles that appeared in a recent addition of the University of Florida Post:

1. Spotlight on the Jacksonville transition project JaxHATS; and
2. Dr. Rathore has been voted into the American Pediatric Society.

### **Updates**

Dr. Chiaro adjourned the meeting of the CMS Medical Directors at 9:40 a.m.

Florida Pediatric Society (FPS) Update – Dr. Louis St. Petery reported on FPS activities and issues.

Dr. Chiaro reconvened the meeting of the CMS Medical Directors at 10:50 a.m.

Legislative Update – Dr. Phyllis Sloyer provided an update on legislative bills currently being considered during this legislative session.

Medicaid Reform/CMS Applications for Duval and Broward Counties – Randy Wilcox provided an update on the operation of the Broward Medicaid CMS / PSN and announced to the group that the Medicaid CMS / PSN in Duval is scheduled to "go live" on May 1<sup>st</sup>.

Legislative Budget Requests for 07/08 – Mr. Wilcox provided an update on the status of House and Senate Appropriation actions related to the CMS budget. A side by side document of key issues was shared with the participants including lists of House and Senate community budget requests (special projects).

Information System Update – Mr. Wilcox announced that the current year appropriation of \$565,000 for planning for the new data system has been released. He announced that we have engaged Image API to begin work on the Electronic Provider Enrollment Process, Client Eligibility and Enrollment, and a process to track and store closed medical records. In addition Mr. Wilcox advised that both the House and Senate budgets have included the CMS request for \$1.8 million in trust funds in their respective appropriation bills so that it is very likely that we will have funds next fiscal year to continue working on the new CMS data system.

Statewide Consultant Update - Dr. Gerold Schiebler presented his report (see CMS *Statewide Consultant Report* attached).

**Committee Reports:**

Financial Management Workgroup (FMW) – Dr. Thomas Chiu, Chair, reported that the FMW met by conference call on January 24th. The budget status, at that time, showed that the salary budget was in good shape and that there is sufficient budget to fill any vacant position provided the office has sufficient salary rate. The FMW suggested that offices that needed additional rate should contact other CMS offices that had rate surplus to see if they would agree to transfer any excess rate. Dr. Chiu reported that the expense budget was very tight, but due to area offices keeping close watch on expenditures and a budget transfer of \$220,000 from the RPICC category it appears that the statewide expense budget will be covered. Dr. Chiu next addressed the PCS category and reported that some area offices were experiencing problems in this category and are projecting deficits. In addition due to pharmacy utilization it will be necessary to add funds to the pharmacy benefit management contract to cover projected expenditures. Dr. Chiu reported that the amount of reserve funds that were set aside should cover the projected area office deficits and be sufficient to cover the pharmacy management contract. Dr. Chiu also reported that area offices were provided with an increased allocation for Title XXI children which is based on the increased enrollment and should be sufficient to meet all of these children's needs. Dr. Sloyer added that it was important to understand the difference between Title XXI and PCS (Safety Net). We can not deny any medically necessary service that is covered as part of the benefits (Medicaid look alike) for Title XXI children. This is an insurance program. Dr. Sloyer went on to state that Safety Net on the other hand is a limited program that is capped in terms of available funding and is only intended to address services for children to the extent that funds are available. Mr. Wilcox provided an update to Dr. Chiu's report on the status of the budget. He stated that the formal Legislative Budget Commission amendments have been approved to increase the spending authority in the Title XXI program to keep pace with the enrollment growth and to accommodate the expenditures related to the Medicaid PSN operation. In addition Mr. Wilcox stated the most recent information indicated that we will have a deficit in the PCS category that would be discussed at the next FMW meeting.

Medical Procedures/Equipment Advisory Committee (MPEAC) - Vicki Posner presented the following information on behalf of Dr. Timothy Gompf, who was unable to attend due to conflicting on-call schedule.

The MPEAC committee reviewed the four issues at their March 12 meeting:

1. Hyperbaric Wound Therapy - The committee finalized its recommendation statement regarding the use of hyperbaric oxygen therapy for the treatment of wounds and injuries:

The medical literature suggests that Hyperbaric Oxygen (HBO) therapy is beneficial in the treatment of specific categories of wounds and injuries but there is little medical literature on its use in children. The specified categories are currently reimbursed by Medicaid and limits reimbursement to 30 treatments per patient per year. The CMS Network should follow the Medicaid list of specified diagnoses for approval or reimbursement of HBO therapy.

2. Lorenzo's Oil - In 1995, CMS funded Lorenzo's Oil for nine clients with Adrenoleukodystrophy who were on the Johns Hopkins treatment protocol. No new clients would be added, pending outcomes data analysis by two or three endocrine/metabolic specialists from the medical centers. No documentation is available regarding this follow-up. Dr. Gompf will talk to Dr. DeClue in Tampa regarding this issue and will report back at the next meeting.
3. Wound VAC System - CMS has had several recent requests for payment for the Wound VAC system. Rental is \$5,000 per month while the Medicare reimbursement is \$1,700 per month. Anecdotal experience is that it gets patients out of the hospital quicker but there needs to be more research

related to cost effectiveness in other situations. Further research is required before any decision can be reached.

4. Suit Physical Therapy – CMS has received requests to pay for suit physical therapy (TheraSuit, Adelphi suit, Penguin suit, NeuroSuit) for cerebral palsy and other neuromuscular diseases. A review of the literature reveals that currently there is insufficient proof in peer reviewed literature to establish the effectiveness of suit therapy. There appears to be no difference in outcomes between suit therapy and conventional physical therapy. Therefore, the committee recommendation is that the CMS Network not provide reimbursement for these devices at this time.

Physician Review Committee - Dr. Julia St. Petery reported that the committee continues to meet monthly. There have been no process changes or significant issues this past quarter.

### **Old Business**

Physician Provider Approval – Ms. Posner provided an overview of the new reports that have been developed to provide process information on the recently implemented hybrid physician approval process.

FMW Allocation Methodology – Dr. Rick Bucciarelli asked if the FMW would re-examine the current allocation methodology from area office allocation to regional allocation. Mr. Wilcox advised that it was possible to allocate funds at the regional level. There was discussion about having a shadow area office budget and Dr. Curran mentioned local culture issues about wanting to see how much each area office received.

Child Protection Team (CPT) – Dr. John Curran raised a question regarding CPT allocation methodology. He indicated that the current methodology will negatively impact several teams and asked if this allocation methodology could be revisited. Dr. Chiaro indicated a group has been formed to revisit the allocation methodology. The chair of this group is Dr. Randell Alexander.

There was discussion of the CMS Medical Director's general responsibility for CPT. Dr. Chiaro stated that each medical director should be familiar with all CMS programs within his/her respective areas/regions and encouraged each medical director to develop linkages with these programs.

### **New Business**

Craniofacial Standards Update - Sue Steverson reported that the CMS Craniofacial program standards are currently being reviewed for revised edition is expected to be completed for implementation in July.

All craniofacial clinics were monitored and provided recommendations by an eight member review team several years ago. Financial constraints have reduced the review team to three members (surgeon, pediatrician, non-physician health professional) and the schedule to review the craniofacial centers to every three years.

The program outcome data have been anecdotal to date. A national effort was sponsored by the American Cleft Palate Association with an National Institute for Health grant to monitor the outcomes of cleft lip and palate care. The project was extremely labor intensive, provided little clinically valuable information, and is no longer operational.

Cleft Lip/Palate Outcomes Database – Dr. Michael Gallant presented a database that he has developed to track clinical outcomes for children with cleft lip and palate. Dr. Gallant would like to pilot this data gathering initiative in eight areas of the state. Dr. Chiaro requested that Dr. Gallant and his colleagues, in concert with All Children's Hospital, develop a formal budget request and forward such a proposal to him.

Expanded Neonatal Screening – Lois Taylor reported that there have been 28 babies identified through the expanded newborn screening since implementation in 2005. Florida is currently screening for 34 disorders with future expansion of cystic fibrosis planned for July 1, 2007 using IRT/DNA methodology. Florida is compliant with 28 of the 29 disorders recommended by the American College of Medical Genetics and the March of Dimes. The American Academy of Pediatrics has estimated that Newborn Screening saves approximately \$900,000 per newborn in their lifetime through early detection and treatment. There were 3,663 abnormal screening results that required follow-up by CMS in 2006. Although there are many pending cases, over 300 babies have been identified as positive with one of the 34 disorders.

Recently the CMS Genetics and Newborn Screening Advisory Council recommended that the collection time of the age of the baby be lowered from 48 hours to 24 hours but the requirement for a baby to be on protein feed for 24 hours is still effective. The State Lab in Jacksonville tests all newborn screening specimens and CMS provides short term follow-up. Babies with presumptive positive results are referred to a CMS Referral Center. Babies that are confirmed positive for one of the new expanded disorders may have treatment that includes a special formula. Hearing screening results have been reported on the newborn screening specimen card since 10/1/2005. CMS tracks babies that fail the hearing screening. Babies that fail the hearing screening test are referred back to the hospital for a repeat test or sent to a community audiologist or referred back to the primary care physician. CMS is recruiting CMS Pediatric Audiologists for development of a state-sanctioned list that will be shared with physicians and hospitals.

Chiropractors – Dr. Robert Shamsey raised the issue of approval of chiropractors as providers for the CMS Network. Dr. Sloyer informed the group that chiropractic services are part of the Medicaid benefit package for pain management.

There was discussion of the medical director's role in provider recruitment. Ms. Posner stated that each CMS area office is to develop a physician provider recruitment plan each year and target the physician specialty types that need to be recruited during the coming year. The medical director's provide input into the approval process with the completion of the Medical Director's Recommendation Form.

Medicaid Reform Update – Dr. Sloyer informed the group about the AHCA's requirements to become an approved Medicaid reform plan. Each provider (physician, hospital, home health agency, DME provider, transportation provider, etc.) must sign a lengthy contract with specific requirements related to reform. All processes are required to be documented in detail. The up front work to develop a Medicaid reform plan is labor intensive. It requires numerous staff with a variety of capabilities to complete all of the requirements. Contract management becomes a significant function.

The AHCA has issued an invitation to negotiate for additional provider service networks in Alachua, Collier, Palm Beach and Hillsborough counties based on current requirements. Dr. Sloyer explained that under current staffing, it is not possible for CMS to develop additional provider service networks within the time frame specified in the Invitation to Negotiate. Additionally, it is not practical to develop multiple small provider service networks for a relatively small population of children with special health care needs. Volume is essential to manage the available dollars and to create any shared savings addressed in the Medicaid reform waiver. Dr. Bucciarelli commented that the current requirements are very burdensome.



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Dr. Sloyer noted that while the specific requirements are not identified as such in the Medicaid reform waiver, they have been developed based upon the general requirements in the Medicaid waiver. AHCA's managed care unit is applying the HMO requirements on all plans, including CMS as a state agency.

In order for CMS to continue to play an effective role in Medicaid reform, it was suggested that CMS Central Office leadership explore the use of a single administrative services organization that could perform third party administrative functions and recruit and manage contracts with providers. Dr. Curran suggested that CMS has a strategy in place and it should be placed "on hold" until we know the outcome of the present legislative session and have a sense of the next steps in overall Medicaid reform plan.

**Next Meeting**

The next meeting will be Saturday, June 9, 2007 in Orlando at the Hyatt Regency Orlando International Airport hotel.

**Adjournment**

There being no further business, Dr. Chiaro adjourned the meeting at 4:00 p.m.