

Maternity Review Advisory Committee Meeting
February 4, 2009

The Committee convened at the Alabama Medicaid Agency. The agenda included an update from Carol Steckel, Commissioner of the Alabama Medicaid Agency, and a Review of the Town Hall comments summary document lead per Robert Moon, Medical Director.

Commissioner Steckel provided information that the Medicaid Agency was fully funded. She indicated that there would be no additional dollars available for the Maternity Care Program as it stands today. She provided a short synopsis related to the Federal Stimulus Package.

Robert Moon, Medical Director then opened the floor for comments/questions that may as per the summary of issues and opinions document that was disseminated to the committee members or any other issues. The following comments were received:

- One member voiced concerns about comments made regarding a broken program. It was indicated that the current program is not broken and that the primary reason why bids were not received with issuing the last contract bid was money.
- There was a question regarding the timeline for onset of something new. The response was that the current program provides for coverage through December 2009. The sooner the better for a new contract.
- There was a question related to if there were options on items for change. The response was that currently everything is on the table. We want to hear or have feedback from this group as to what or how we can enhance the system.
- One member indicated that the focus should be centered on the patient and the structure should do what is best for the patient. Dr. Moon reinforced that our number one priority is to have healthier women and children.
- Dr. Moon discussed the following which is outlined in the town hall summary document:
 1. Society – The meetings have brought forward that there is a need to adapt to society changes.
 2. Infant Mortality- There was some high level discussion about the numbers and how they don't necessarily reflect what is happening in each district for the Medicaid population.

3. Hospitals In or Out was brought to the floor – The recommendation from one member was that it is probably in the best interest of the patient to keep everything intact. Dr. Moon then stimulated the group with the following scenario. If hospitals were removed and there was no additional funding for the program how would that impact the program? Would a system which is outcome driven be more effective? The providers will be held more accountable and will be responsible to keep the pregnant woman from presenting to the E.R. every other day.

There was a comment that this was a professional service and why it has to be bid versus negotiation with contractors. The response was that it was a component of the managed care regulations. It was indicated that the AMA may need to pursue if this could be handled through a waiver?

4. Care Coordination and that there would be improvement if there was risk assessment with resulting tiered levels. The recommendation was made that we put the goals out there and reward those that do a good job. The idea of a provider report card and being able to report all district results was presented.
5. Better Communication – Dr. Moon indicated that the Agency had already had met to discuss this area. The decision has been made to move forward with a list serve to the primary contractors as a venue to share program information while continuing to post information on the Agency’s website.
6. RMEDE - We may look at making this a requirement. This would be a venue to collect state wide statistical data in many areas.
7. Flexibility Theme – Do we want the patient to have more flexibility in choosing their doctor, hospital etc
8. Substance Abuse – There is a need for more provisions of services for pregnant women. There is a need for more oversight and interaction with Care coordinators with those in Methadone clinics.
9. Quit Line – There needs to be more emphasis on the pregnant woman and exploring other treatment means for them.

Care Coordinators- There was a central theme regarding the need for more education for care coordinators in this area.

10. Oral Contraceptives-There was a theme that there needs to be other alternatives besides the health department to obtain contraceptives. Can we look at possibly writing prescriptions for one year and taking the RX to the local pharmacy.
11. Interpregnancy care waiver –We are working on a concept paper; wanting one and getting one are two different things. This will take time.
12. Physician care/Primary care/Prenatal care- Physician report cards ; Pay for performance is coming.
13. Lack of Maternal Weight gain- There needs to be dialogue between all team members if issues are identified. Care Coordinators need to access all community resources. There needs to be a mechanism for payment for nutritionists especially for high risk indicators such as Diabetes. Internal Comment: Could this be a B3 service?

There was an open discussion regarding the need for a follow up meeting to continue the review of the town hall combined issues document. The decision was made not to have another meeting at this point. The members requested that they be informed of the recommended changes to the ITB and that they did not want to be surprised.

The meeting was adjourned.