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**Division of Health Care Access and Accountability
Clinical Advisory Committee on Health and Emerging Technology**

March 25, 2010
Meeting Summary

CACHET Committee Attendees

Matt Richardson, Michael Goldrosen, Jean Riquelme, Jessica Bartell (left early), Tom Jackson, Trudy Mara, Howard Croft, Tito Izard, Lon Blaser, Scott Persing, Richard Brown, Tim Bartholow (arrived late), Mary Davis, Michele Bachhuber

Other Attendees

Jonathan Jaffery, Jason Helgerson, Jim Johnston, Curtis Cunningham, Jim Vavra, Jennifer DeYoung, Rita Hallett, Bill Bazan (Wis. Hospital Assoc.), Perry Pickhardt (UW School of Public Health), Sandy Pasch (State Representative), Judith Wilcox (State Mental Health Council), Dave Stepien, Ashley Davis, Shel Gross (Mental Health America of WI), Barbara Beckert (DRW), Mary Neubauer, David Riemer (Community Advocates) and Bobby Peterson (ABC for Health).

BC+ Basic Compassionate Care Benefit

- Jean Riquelme made a separate motion to separate compassionate care benefit for members with cancer and for members in need of a transplant.
- Jessica Bartell seconded the motion.
- Motion passed 14-0.

- Michael Goldrosen moved to approve Compassionate Care for members with cancer.
- Howard Croft seconded the motion.
- Motion passed 14-0.

- Tom Jackson moved to approve Compassionate Care for members in need of a transplant.
- Richard Brown seconded the motion.
- Motion denied 0-14.

Emerging Technologies

- Mary Davis moved to accept the twenty-four new codes as experimental and not cover these codes.
- Rich Brown seconded the motion.
- Motion passed 14-0.

CT Colonography

- Tom Jackson moved to approve the Department recommendation with modifications.
- Jean Riquelme seconded the motion.
- Motion denied 3-11. 1 abstained.

- Rich Brown made a separate motion to create a committee workgroup to establish “coverage guidelines” for CT colonography and report back to the full committee at the August 2010 meeting.
- Tim Bartholow seconded the motion.
- Motion passed 14-0. 1 abstained.

BC+ Core Plan: Aggregate cap of 20 visits per year for either office-based mental health and substance abuse services or physical health services. Increase physician visit co-pay to \$5 and establish office-based mental health and substance abuse visit co-pay to \$5. Implement a cap on therapy (physical, occupational, and speech) visits that is lower than the current cap of 20 visits per year per type of therapy service. Adjust the aggregate cap for the number of visits for office-based mental health and substance abuse services of physical health with any savings achieved by implementing caps on therapy visits or chiropractic visits.

- Richard Brown moved to adopt the DHS staff recommendation.
- Trudy Mara seconded the motion.
- Motion passed 10-1.

Increase Drug Co-payments to \$5 and \$10

- Lon Blaser moved to accept the recommendation.
- Jean Riquelme seconded the motion.
- Motion passed 10-1.

Limit Chiropractic visits

- Tito Izard moved to limit the number of chiropractic visits to 10 per year.
- Rich Brown seconded the motion.
- Motion passed 10-1.

Public Meeting Notice

In advance of the meeting, the Department posted a public meeting notice indicating the meeting was open to the public at the State Office Building (1 W. Wilson) and Capitol Building, and issued a public meeting notice to the State Editors of the *Milwaukee Journal Sentinel* and *Wisconsin State Journal*. The public meeting notification followed the guidelines set forth in federal and state laws so as to ensure the broadest possible public access.