

Medical Care Advisory Committee

Minutes of meeting October 17, 2013

In Attendance

Committee Members Present: Lincoln Nehring, Russ Elbel, Kevin Burt, Steven Mickelson, Jackie Rendo, Alan Purhs (for LaVal Jensen), Michelle McOmber, Christine Evans (for Tina Persels), Andrew Riggle, Earl Ward (by phone), Mark Brasher, Debra Mair, Michael Hales

Committee Members Excused: Warren Walker, Matthew Slonaker, Greg Myers

Committee Members Absent: Mauricio Agramont, Jason Horgesheimer

UDOH Staff: David Lewis, Emma Chacon, Tracy Luoma, Michelle Smith, Kim Mickelson, Josip Ambrenac, Summer Perkins

Audience: Bill Greer, Joan Gallegos, Sage Winchester, William Cosgrove, Joyce Dolcourt, John Borer, Kris Lawson, Mark Ward, Beau Cohin, Danelle Pendergrass

Welcome

Michael Hales called the meeting to order at 1:38 PM

New Rulemakings

Craig Devashrayee presented the new rulemakings.

Rule; (What It Does); Comments.	File	Effective
R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule both the definitions and the attachment for the Private Duty Nursing Acuity Grid found in the Home Health Agencies Utah Medicaid Provider Manual, and to implement by rule ongoing Medicaid policy for services described in the Medical Supplies Utah Medicaid Provider Manual; Hospital Services Utah Medicaid Provider Manual with its attachments; Speech-Language Services Utah Medicaid Provider Manual; Audiology Services Utah Medicaid Provider Manual; Hospice Care Utah Medicaid Provider Manual; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual; Personal Care Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual; Utah Home and Community-	9-10-13	11-7-13

<p>Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual; Office of Inspector General Administrative Hearings Procedures Manual; Pharmacy Services Utah Medicaid Provider Manual; Coverage and Reimbursement Code Look-up Tool; Certified Nurse – Midwife Services Utah Medicaid Provider Manual; CHEC Services Utah Medicaid Provider Manual with its attachments; Chiropractic Medicine Utah Medicaid Provider Manual; Dental Services Utah Medicaid Provider Manual; General Attachments for the Utah Medicaid Provider Manual; Indian Health Utah Medicaid Provider Manual; Laboratory Services Utah Medicaid Provider Manual with its attachments; Medical Transportation Utah Medicaid Provider Manual; Mental Health Centers/ Prepaid Mental Health Plans Utah Medicaid Provider Manual; Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments; Certified Family Nurse Practitioner and Pediatric Nurse Practitioner Utah Medicaid Provider Manual; Oral Maxillofacial Surgeon Services Utah Medicaid Provider Manual; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual; Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments; Podiatric Services Utah Medicaid Provider Manual; Primary Care Network Utah Medicaid Provider Manual with its attachments; Psychology Services Utah Medicaid Provider Manual; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual; Rehabilitative Mental Health Services for Children Under Authority of Department of Human Services, Division of Child & Family Services or Division of Juvenile Justice Services Utah Medicaid Provider Manual; Rural Health Clinic Services Utah Medicaid Provider Manual with its attachments; School-Based Skills Development Services Utah Medicaid Provider Manual; Section I: General Information of the Utah Medicaid Provider Manual; Services for Pregnant Women Utah Medicaid Provider Manual; Substance Abuse Treatment Services & Targeted Case Management Services for Substance Abuse Utah Medicaid Provider Manual; Targeted Case Management for CHEC Medicaid Eligible Children Utah Medicaid Provider Manual; Targeted Case Management for the Chronically Mentally Ill Utah Medicaid Provider Manual; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual; and Vision Care Services Utah Medicaid Provider Manual (Updates to October 1, 2013).</p>		
<p>R414-42 Telehealth Home Health Services (Five-Year Review); The Department will continue this rule because it provides telehealth home health services for Medicaid recipients, spells out the eligibility requirements for these services, and establishes reimbursement methodology for Medicaid providers.</p>	<p>9-17-13</p>	<p>9-17-13</p>

Budget Update

Tracy Luoma presented the enrollment trends for Rick Platt. A copy of her report is attached to the minutes.

We're right in the middle of the budget process. We have Medicaid consensus coming up, then the governor's budget proposal will come out in December.

New MCAC Members and Open Seats

Lincoln Nehring introduced Jackie Rendo and Steven Mickelson as new committee members. Jackie represents individuals with mental illness. Steven represents the local health departments. Lincoln

mentioned that we have a few open seats on the committee, including a business representative and a hospital representative. Josip added that we also need a senior representative. If anyone knows a potential committee member, the committee is accepting nominations. Please e-mail Lincoln, Michael, or Josip with nominations.

Minutes

Michelle McOmber moved to approve the minutes of the September meeting. The motion was seconded and passed.

ACO Payment Reform Initiatives

(14:40) Michael: Medicaid along the Wasatch Front has taken on a new payment and delivery format. The physical health and pharmacy benefits have been rolled into ACOs. One of the things we're hoping to achieve over time is control over the cost rate of growth. There are certain provisions in the contracts that focus more on quality outcomes and less on paying for specific services. Most of that work has taken place between the state and the ACO Parent Organizations. The state wants the ACOs to work with providers to get to a change in how we pay for and deliver services. This will be an ongoing effort. We are committed to this payment and delivery service, and we need to keep nurturing it and see about new ways to deliver and coordinate care.

Dr. Cosgrove asked, when we work through an ACO, can we incentivize a patient? For example, depositing money in an HSA. Michael: We did get the ability for ACOs to provide client incentives in our new waiver, though not in an HSA per se. That's another piece of the puzzle—working with the ACOs to give the client an incentive to align their behaviors with reforms taking place in the provider community. There is a lot of potential for developing new incentives, and we do have the authority to engage the patients with nominal incentives.

Molina Healthcare

Brandon Hendrickson presented Molina Healthcare's plan.

Lincoln asked how Molina is communicating to providers. Brandon answered that they're meeting with provider groups and physicians. There's a lot of interest in care coordination for high cost members and ER diversion. Lincoln asked whether Molina was focusing on certain populations. Brandon answered that the main focus is adults with disabilities. There's still some concern among providers that the plans will actually net savings.

Healthy U

Vicky Wilson, Senior Director, presented Healthy U's plan.

Lincoln asked what roadblocks Healthy U is seeing. Vicky said that the attribution model is not perfect, but it shouldn't be a complete hurdle. Other barriers include the amount of work that has to be done, but it's a great opportunity. It may take 5 years before we see a lot of results. Lincoln asked whether the Medicaid contracts provide the flexibility to implement this model, and Vicky said that they do. Alan

asked whether Healthy U mandated a certain accrediting body for Medical Home. Vicky answered that they will not be requiring accreditation.

SelectHealth

Russ Elbel, SelectHealth Medicaid Program Director, presented SelectHealth's plan.

CHIP to Medicaid Transition Update

Emma Chacon reported of the CHIP transition. The initial letter has been sent to Plan A and Plan B families. Emma is working on the letter that will go to providers. She will send that to Dr. Cosgrove and Michelle McOmer. We will begin drafting the next letter to identified families in December.

We had a general meeting with the PHMPs on the CHIP transition. Emma was very pleased to hear that PMHPs are willing to negotiate special contracts with providers to preserve continuity of care. Russ asked for a copy of the letter for their provider relations folks. Russ also asked if Medicaid could identify transitioning kids for the sake of transitioning to new providers if necessary. Emma said that the actual list will not be available until December. Russ said that's fine, but January may be too late. Kevin warned Russ that any list we come up with in December can only be so accurate—we will not know until March who will actually be part of the transition. CHIP is a more stable group than Medicaid, though, so we expect the list to be fairly on-target.

Russ asked whether CMS has approved our proposal. Emma replied that with the furlough, we have not been able to finalize that. Lincoln asked whether Medicaid has started to educate the HPRs, and Emma said that we had.

Medicaid Eligibility Income Verification

Lincoln: There's been a lot of discussion on how income will be verified going forward. What will families have to provide? What might the barriers be to living up to the ACA vision of electronic verification?

Michelle Smith: Currently, the state has access to the same data as the federal hub. Kevin: About half of our cases do not have earned income. We can verify child support, unemployment, social security, etc. We can also get some data on earned income in the form of check stubs from the employer. There are some complications to accessing it, but it's there. At this point, we do not request income verification if we can get this data. One of the difficulties of FTI data is that we cannot use it for other programs—non-MAGI, non-medical programs. We're working on being able to use quarterly wage data for food stamps. FTI is 12-18 months old; quarterly wage data is about 6 months old. Quarterly wage data doesn't have the same security issues as FTI data. We can access it more quickly. ACA does allow it for expanded use.

Lincoln asked Kevin to walk through a scenario with a family applying. What if the income doesn't match? Kevin said we would then have to request eligibility documentation—i.e. check stubs, etc. We included an enhancement in EREP/MyCase where the case worker can add a specific note for the client for clarification. We were heading to real time matching for income data. We got to that point with unemployment insurance, but had to update the system for other programs to meet MAGI criteria.

Kevin wonders whether additional employers will start using the quarterly wage data system, since the exchanges will be requesting data as well. In 2014, we hope to be using quarterly wage data much more.

Director's Report

Shutdown Impacts: Both Medicaid and CHIP are exempt from having any impacts from a federal shutdown. Congress appropriates money for the first quarter of the next fiscal year in the current year's budget. Even if we got to January, we would still be able to make expenditures and collect later. We did not have any delayed benefits or enrollment. Medicaid/Medicare joint services are delayed, facility surveys for example. As a department, we furloughed a few staff members for a few days. They're back and will be behind in their workload. At the federal level, almost all the CMS staff in Denver were furloughed. They were working on a skeleton crew. Plan amendments and waiver requests will be delayed. CHIP is outside of the appropriations process because it's funded in the bill that creates the program. As far as we could determine, even if the federal government did not have the money, the state could foot the bill and claim payment from the feds later.

Building Block Information: We closed the year with a surplus, so the budget has us giving back \$30M in general funds. We have about \$14M in general fund requests for FY15. We're getting a more favorable match rate, we have a flatter case load, etc. We have very good numbers in Medicaid in terms of the state budget. Even with ACA changes, we're still in the \$14M range. We're asking for our MMIS project to be funded over 2 years. We're requesting the same amount for CHIP for this fiscal year. Based on recommendations from MCAC, we're requesting dental for elderly and persons with disabilities. We did not put money in at this point to request Medicaid expansion because the legislature has not made a decision. We're asking for restoration of provider cuts from FY09. We'll see if we can start recovering some of the cuts to hospitals in particular. We'll find out in mid-December what is included in the Governor's proposal.

Adjourn

With no further business to consider, the meeting adjourned at 3:22.