

MEDICAL CARE ADVISORY COMMITTEE MEETING

Minutes of the April 18, 2013 Meeting

IN ATTENDANCE

- PRESENT: Lincoln Nehring, Russ Elbel, Mauricio Agramont, Steven Mickelson for LaPriel Clark, Matthew Slonaker, Pasu Pasupathi, Tina Persels, Andrew Riggle, E. David Ward, Mark Brasher, Debra Mair, Michael Hales
- EXCUSED: Kevin Burt, Greg Myers, LaPriel Clark
- ABSENT: Warren Walker, Rebecca Glathar, Jason J. Horgesheimer, LaVal B. Jensen, Michelle McOmber
- STAFF: Emma Chacon, David Lewis, Tonya Hales, Tracy Luoma, Rick Platt, Kolbi Young, Nate Checketts, Jeff Nelson, Sheila Walsh-McDonald, Josip Ambrenac, Gayle Coombs
- VISITORS: Kelly Peterson, Jennifer Dorner, Doug Springmeyer, W. E. Cosgrove, MD, Steve Mickelson, Joyce Dolcourt, Kris Fawson, Barb Viskochil, Mark Ward

1. **Welcome** – Lincoln Nehring

Chairman Nehring called the meeting to order at 1:35 p.m. and welcomed everyone to the meeting.

Approve Minutes of March 21st, 2013 Meeting

Chairman Nehring then asked for a motion in regard to approving the minutes from the last meeting. Russ Elbel made the motion to approve the minutes from the last meeting and everyone agreed. The minutes were approved.

2. **Budget Update** – Rick Platt

Growth projections are currently at 3.1%, which is in line with our budget. Kris Fawson was curious why the increase for the disabled population was so large. Michael stated that there may be a number of factors at play, including the children enrolled for the Autism Waiver pilot who are eligible under disabled eligibility criteria.

Rick also added that the FY14 forecast is also for around 3% growth. Dr. Cosgrove asked if this also included the potential 'woodwork effect'. Michael explained that this was the general trend-line only and the Department is preparing for an increase beginning in January. A follow-up question was asked on if the Department was already seeing an increase due to those who know they will need to be insured. Michael responded that the motivation behind an individual's Medicaid application is not known so we cannot confirm that is a factor. Joyce Dolcourt asked if all CHIP to Medicaid conversions will take place in January 2014, to which Michael explained that program changes will occur during the renewal sometime in the calendar year, so they will be spread out.

3. **1915(c) Waiver Updates** – Tonya Hales

Tonya first talked about the Autism Waiver. The Department recently received a clarification of legislative intent from the bill sponsors to extend the age range of the program from the current 2 through 5 to 2 through 6 years of age. In addition, the Department clarified that the services in the waiver were to be delivered in a “consistent and ongoing” manner as many families have been asking if they can save up all their program hours and use them all during the summer months.

Tonya said they are also making changes to four of the other waivers, including the Aging Waiver, Acquired Brain Injury Waiver, Physical Disabilities Waiver, and the Community Supports Waiver. Tonya went over the changes they are making in each waiver. The changes are mainly technical. Copies of the amendments will be posted on the website and open for public comment.

Debra Mair made mention of the fact that she is the director of one of the ILC’s and stated she would like to be informed when the amendments are available for comment. Tonya responded that we will work to facilitate any needed discussion. Andrew Riggle asked a question regarding the psychological evaluation changes on the Utah Community Supports Waiver and the motivation to change the requirement on whether it was unnecessary or was too difficult to administer. Tonya explained both were factors in the change.

Chairman Nehring asked Tonya when the Department will be accepting public comment. She said public comment can be made on the Autism Waiver right now through the website at <http://health.utah.gov/autismwaiver> . Tonya said she will make sure that Josip Ambrenac sends this information to the MCAC.

4. **PCP/VFC Enhanced Rate Update** – Andrew Ozmun

Michael then gave the update that Andrew Ozmun was going to do. The Department has received 1933 attestations at this time. 674 physicians have been determined eligible, 418 require additional review of their claim history and 351 still need to supply documents related to board certification. In addition, 344 submissions were either duplicates or submissions from non-qualified providers. 146 others require various other actions taken.

CMS has not approved the State plan amendment at this time, and the Department is awaiting approval on the reimbursement methodology for the Accountable Care Organizations as well. A contract amendment is currently being drafted. Emma Chacon stated that Julie Ewing is working on these changes which should be completed in the upcoming weeks. Russ asked what the reports to the ACO’s will look like. Michael stated it will be by ACO, then by physician with the dollar amount. Barb Viskochil asked if the individual physician will be notified what the amount was as there may be a concern that they are not receiving the full amount they are due. Michael responded that the payments owed might be able to be posted on the website. Emma also added that the provision in the ACO contract will require the payments to be forwarded.

5. **Sub-Committee Discussion on Quality Measures** – Lincoln Nehring

Chairman Nehring said that Emma has put together a group to work on this. He said there have been two meetings so far. It has largely been a look at measures which we have now and also what is already available. The workgroup is looking at these as well as what other states are utilizing. Initial projections

were to have these measures added to the July 1 contract amendments; however that date may be adjusted. Steve Mickelson asked as to whether immunizations are included in this and Chairman Nehring said this is something they are looking at. Emma added that this is part of HEDIS as well as the CHIPRA measures. Dr. Cosgrove asked if there will be measures on ER utilization. Chairman Nehring stated that there may be multiple measures or criteria looked at. He also added that this is an incredibly challenging project. Knowing objective measures are needed, but determining how to quantify them is extremely difficult. Mauricio asked if any dental measures are included. Chairman Nehring stated that it is difficult to make the ACO's responsible for this where this is a carve-out service, likewise for mental health services. All are very important to a client's overall well-being. Michael added that the adjustment to outcome-based goals and integrating carve-outs like dental/mental health/long-term care services is a challenge. The Department does have a number of good measures which have been developed over the last 15 years; those simply need to be enhanced/revised moving forward.

Chairman Nehring said the next meeting in regard to this will be in Room 128 on May 1st at 1:00 p.m. He invited anyone that would like to attend to feel free to do that.

Emma then informed the MCAC regarding the Division's ACO Quality Measures website at <https://sites.google.com/a/utah.gov/cqm/>. You can also find a link on the Medicaid Home page entitled ACO Quality Measures that links you to this website.

6. ACA Impact on Child Medicaid/CHIP – Nate Checketts

Nate passed out a four page document in regard to this which included information on Countable Income Limits and Assets for Medicaid, CHIP and Tax Credit Eligibility. The first page showed Current Coverage Levels through December 2013. The second page showed Mandatory Medicaid Changes (Effective January 2014). The third page showed Mandatory Medicaid Changes with Advanced Premium Tax Credits, and the fourth page showed Maximum Gross Income per Year by Federal Poverty Level. Nate went over and explained what is on each chart. He explained some of the optional expansions. The two major changes on this chart apply to the children between the ages of 6 to 18. Due to the removal of the asset test and the increase in the income limit from 100% to 133%, it is likely a large number of these children will move to the Medicaid program. The final page shows how much money a family can make under the different poverty levels.

Nate then moved on to the costs. He said there were two different costs that were included in the budget. They feel more children that were not on the program before will now come in and apply for the program. They will also be moving children from the CHIP Program to the Medicaid Program. For this population, the State will be able to retain the CHIP match rate. Chairman Nehring asked how the State will be able to determine the reason a child may be moving from CHIP to Medicaid. Nate responded that this is difficult where assets will no longer be an eligibility factor and that the methodology hasn't been determined. An estimate was completed a while ago when enrollment was at 38,000 which showed that approximately 25,000 would be eligible to move from CHIP to Medicaid with the changes. This estimate may decrease slightly where current enrollment has dropped to 35,000.

Chairman Nehring asked a question about the implications involving children in the UPP Program and Emma said this hasn't been evaluated at this time.

Mauricio asked if the changes will affect family Medicaid programs. Nate responded that the optional expansion may become a factor as well as the overall shift in how income is determined. Countable income will be much better aligned across programs.

Nate then moved to the communications plan. He said the next time the families would deal with these would be at their next renewal. The Department thinks that the strategy to inform families will be by sending three letters; one in October of 2013 providing information on the new rules, the changes to assets/income determination and letting recipients know that nothing will change until their renewal in 2013; the second notice will go out 45 days prior to the renewal paperwork with more details on the new rules; lastly the paperwork received following the renewal and the movement from CHIP to Medicaid. The Department may borrow language from correspondence California has used to provide information on new providers and plans. Chairman Nehring asked if the HPR's will be assisting with these transitions. Nate confirmed that this is not a deviation from the State's process for an individual that becomes eligible for Medicaid and the HPR's will be available to assist with the transition. Chairman Nehring also asked if there are any concerns with the enrollment caps as families will likely want to remain with their current plan as well as the continuity of care issues that may arise. Michael responded that the enrollment ratios will be monitored and continuity of care should be maintained where both of the CHIP plans are also Medicaid ACO's.

Chairman Nehring asked if there were any considerations regarding crowd-out issues and if children may still be enrolled in CHIP if a parent's individual insurance was affordable but family coverage was not. Nate responded that the UPP arena may be the more appropriate place to address this concern.

Joyce Dolcourt asked if there were any concerns with families contacting the Department immediately in January in order to move to Medicaid from CHIP to avoid the premium payments. Nate commented that this is currently addressed by policy and DWS would facilitate the requested change.

7. Director's Report – Michael Hales

Michael said the Primary Care Program (PCN) will be having an open enrollment period as current enrollment has dropped below the threshold needed. This program is for ages 19-64 under 150% of the Federal poverty level. They are going to keep the program enrollment open from April 22 to May 6 for the adults without dependent children and April 22 through May 17 for adults with dependent children. Interested individuals will need to submit their applications to the Department of Workforce Services.

Mark Ward asked if CMS has approved the renewal application which was recently submitted. Michael stated that no word has been given but the Department has been in active discussions with CMS. Emma added that ideally we would like to have the concerns resolved by the end of May. A transitional period would be implemented to move individuals off the program if the renewal application were to be denied.

Michael then discussed the Medicaid dental program. He said we have had two organizations who were successful in their request to be a provider for the Medicaid program. Dental coverage is only given to pregnant women and children; other Medicaid recipients are able to receive emergency care only. Delta Dental and Premier Access will be the two providers/plans doing the dental. The model is similar to the ACO's where it is outcome-based and will only be implemented in the Wasatch front area. This will go into effect on September 1st, 2013. Michael said they have been working on sending out a letter to all of the dentists in regard to this. He said this will be a substantial change for a lot of the families. Tina asked if plans would be selected on an individual basis or family basis. Michael mentioned the selection would take place

similar to the ACO's in the case of multiple children or if the family already had a child and mom was pregnant.

Russ asked how long the contracts would be with these two providers, and Michael said he thought it would be three years. The Department would then be able to extend it for two more years (one year at a time) if they decided to do that. Mauricio asked what assurance the State has that the plans will be good for the Medicaid recipients in Utah. Michael mentioned that the RFP's were analyzed for network adequacy and administration costs which had shown much improvement over the previous years. Five proposals were evaluated with two selected. Ongoing monitoring will take place on access to care, patient outcomes and performance measures amongst other criteria.

Michael then discussed the Medicaid Expansion Community Work Group. He said the State of Utah is currently in the position of deciding if they want to expand Medicaid up to 133% of the poverty level. Starting next week a group is being put together to look at this and decide what the impacts will be, what the options are, etc. This group will meet next Tuesday and will meet once a month to work through the issues and at the end of the process they will have a list of things the State will want to look at. The first meeting will be at 1:00 p.m., Tuesday, April 23, in the Capitol Boardroom. These will be open meetings for people to come and observe. This group will review the PCG study as well as look at the plans other states have adopted, such as Arkansas premium subsidy program and the consequences of not expanding.

Joyce Dolcourt asked if the Department was responsible for convening this group or if it was the legislature and how the stakeholders chosen to participate were selected. Michael stated it was the Department of Health and that the group assembled was intended to provide as many viewpoints as possible. A balance of individuals who do not have a disposition to be for or against was desired. Not all appointments are filled, but currently 4 senators and 4 legislators are participating, along with 12-15 other individuals comprised of advocates, taxpayers, charity care model supporters, etc. Joyce also asked if this will have any implications on the Health System Reform Taskforce as well as who the chair on this group was. Michael responded that Dr. Patton will chair and it is possible that individuals on this group and the HRST may overlap. Dr. Patton may be asked to report back to the HRST, but nothing formal has been discussed. Lincoln asked if there is any concern that the discussion will end up being a debate on if Medicaid itself is good or bad. Michael replied that may occur, but is hopeful that options can be discussed openly.

Tina asked if a model for charity care has been developed at this time. Michael stated that he is not aware of one at this time that could meet the needs which Medicaid provides. The logistics of such a model would need to be fully developed. Andrew asked if the discussion of a charity model was to replace the HRST or to supplement. Michael replied that he was not able to speak to that, but his thoughts were just to discuss it as a possible option.

Russ asked if the results of the ACA study were to be part of the agenda. Michael confirmed that once the report is ready it would be an intended topic of discussion. It would likely become the basis of most of the discussion with the benefits/costs and possible cost-offsets. In addition, strategies from other states will be considerations for the group. Pasu asked if the Department intends on being neutral or providing opinions on which route to pursue. Michael stated that the Department plans to show the facts and information as it has been provided; what is being done today – what would change – what could happen if specific options were selected. Since the ACA was passed, the Department has been creating estimates on the populations impacted as well as what state costs would be under the “worst case scenario” of the 90% federal reimbursement. Russ asked where the directive for forming the group originated from. Michael stated that

the initiative came from Dr. Patton and Department leadership as an opportunity to take the PCG report and speak openly about the options the State has.

Other Business – MCAC Members

Chairman Nehring then thanked everyone for coming and said our next meeting will be in May. The meeting was adjourned at 3:14 p.m.