

Medical Care Advisory Committee

Minutes of Meeting June 18, 2015

Participants

Committee Members Present

Russ Elbel, Andrew Riggle, Tina Persels, Jackie Rendo, Mark Ward, Steven Mickelson, Debra Mair, RyLee Curtis, Emma Chacon (for Michael Hales)

Committee Members Excused

Michelle McOmber, Michael Hales, Sara Carbajal-Salisbury, Danny Harris

Committee Members Absent

Mark Brasher, Kevin Burt, Jason Horgesheimer, LaVal Jensen, Donna Singer

UDOH Staff

John Curless, Tonya Hales, Julie Ewing, Janica Gines, Josip Ambrenac, Summer Perkins, Craig Devashrayee, Sheila Walsh-McDonald

Welcome and Introductions

Andrew moved to approve the minutes of the April meeting. The motion was seconded and passed.

There are still vacancies on the committee. Please submit nominations to Russ Elbel or Josip Ambrenac

Public Hearing

Increase in Reimbursement for Assisted Living

Dennis Toland and Jeff Merchant spoke for Beehive Homes. Dennis spoke in favor of a rate increase for assisted living and secured homes for New Choices Waiver clients. He submitted comments in writing, and his report has been posted on the MCAC website. Tina asked Dennis to clarify the requirement for the families to contribute \$1,000 beyond the reimbursement rate. Dennis said that the \$1,000 difference is between the assisted living reimbursement and the cost of care. Dennis reiterated that he had support from the legislators to whom he spoke to increase these rates.

Jeff Merchant spoke in favor of dividing the assisted living levels of care into three distinct categories, with new rates for each. Jeff also submitted written comment, which has been posted to the MCAC website.

Emma clarified the purpose of this hearing. The MCAC is an advisory committee to the Division of Medicaid and Health Financing. The Committee will recommend their priorities to the Division. The requests will be carefully considered, but the decision makers, ultimately, are in the Legislature.

Reimbursement for Disease Self-Management Education Program

Rebecca Castleton spoke representing the Utah Arthritis Program. She advocated for reimbursement for Disease Self-Management Education Programs. She submitted written comments, which have been posted to the MCAC website. She asked the committee to consider opening CPT 98962 for Education

and Training for Patient Self-Management to cover Stanford University's "Living Well with Chronic Conditions" education program.

Tina asked about the age range for this program. Rebecca said that the program is for people 18 and older.

Reimbursement for Non-Dispensing Services by Pharmacists

Teresa Roark and Jamie Montoro, Pharm.D., spoke in favor of expanding the role of pharmacists on the health care team. Teresa submitted written comments, which have been posted to the MCAC website. Teresa advocated reimbursement for pharmacists for non-dispensing services, such as Medication Therapy Management.

Teresa clarified that the proposal is to develop a model for Medicaid reimbursement, so there is no cost estimate at this time. Emma said that we would need to have a budget proposal before the committee could endorse the proposal. Emma suggested that Teresa and Jamie follow up with more information.

Medicaid Expansion

RyLee Curtis presented on behalf of Utah Health Policy Project and AARP. She advocated for Medicaid expansion and reinstating dental benefits for aged and disabled Medicaid beneficiaries. Emma clarified that the money appropriated for adult dental benefits last year was too small to implement a program.

Increasing Rates for Assisted Living

Jared Nye represented the Utah Assisted Living Association. Jared also advocated a rate increase for the New Choices Waiver. His proposal was to increase the rate by 30% for AL Type 2 and Memory Care clients, and 4% for Type 1. Jared also expressed concern regarding the recent change to the New Choices Waiver minimum stay requirements.

Tonya Hales explained the changes to the New Choices Waiver. The program is, at its core, intended to move people out of nursing homes into a less restrictive environment. Substantially more people were applying from assisted living facilities than estimated when that was added as a method of entry to the waiver. Additional policy changes are being proposed to better align with the policy intent.

Debra asked Tonya to clarify the family contribution. Tonya explained that the family contribution covers the individual's room and board. Medicaid pays for the patient's care. Steven asked what the difference is between AL1 and AL2 clients. Jared explained that AL1 is limited on how many types of support they can provide, and the patient would need to be ambulatory (i.e. able to exit the building unassisted). For AL2, a client can use any types of assistance and use a wheelchair.

Increase in Rates for Pediatric Occupational Therapy

Janet Wade spoke on behalf of Easter Seals. She asked the committee to consider a rate increase for pediatric occupational therapy. The current rate is \$20.00 per visit. She proposed a rate of \$15.00 per quarter-hour, or a typical cost of \$45.00. A private pay visit is \$123.00.

Andrew asked how OT interacts with Early Intervention. Janet said that Early Intervention serves children birth to age 3 with moderate to severe delays. Early intervention is much better at providing OT, and families stop being served after the child enters school. Andrew asked what the average number of visits is. Janet said that all children are different, but in general, the number of visits should

decrease over about 6 months. Janet pointed out that the increase would work to decrease Primary Childrens' waiting list.

Tina said that OT helped her son learn to sit up and use his fingers, and it helped her learn to support her son better.

Emma requested that Janet send more information to Josip so we could estimate the cost of this proposal.

Better Access to Mental Health Care for Children

Lindsay Bartholomew spoke on behalf of Easy to Love. She advocated better mental health options for children on Medicaid. She asked that Medicaid expand coverage to other providers. She asked for long-term medication management coverage, therapy, and day treatment.

ICF/ID Transition Program, Medicaid Expansion, Vision/Dental Coverage

Kris Fawson advocated for the funding recommends made by RyLee Curtis (Medicaid expansion & dental benefits for the disabled and elderly) as well continuing support for the ICF/ID Transition Program which allows individuals to move to the community from facility-based placements. Kris also suggested that vision benefits be made available as well.

Increase in Medicaid Reimbursement for Specialists

Mark Brinton spoke on behalf of the Utah Medical Association. He requested an increase in rates for specialists to Medicare levels. This would be about an \$8M budget request. For the last two years, the rates have been increased for primary care providers, which gave better access for Medicaid patients. UMA requests the same increase for specialists.

Supporting Coverage for Hispanic Children

Lincoln Nehring spoke representing Voices for Utah Children. Ha reported that 22% of Utah Hispanic children are uninsured, compared to 7% of all children. He advocated restoring \$250,000 to the CHIP program for outreach, continuous eligibility for children, and elimination of the 5-year immigration bar before children could enroll in Medicaid or CHIP.

New Rulemakings

Craig Devashrayee presented. His report is available on the MCAC website.

Russ asked for clarification on the nursing home assessment. John Curless explained that the assessment is updated each year and offered more technical information if it was needed.

Budget Update

We're still seeing increases in child enrollment, believed to be largely connected to the open enrollment period in the Federal Marketplace. We are also attributing the increase in adult enrollment to the same open enrollment. Other populations showed expected trends.

PCN enrollment continues to decline, because eligibility is now month to month. Emma explained that some clients will also move onto Medicaid because they get disability determinations or become pregnant. Emma said there would be a discussion coming up to see if enrollment will open and for which

group. RyLee Curtis confirmed that the current expiration of the PCN program is set for December 2015. Emma confirmed and indicated that the Department is working on a renewal application.

Director's Report

Emma Chacon reported.

CMS issued new proposed regulations for managed care. It's over 600 pages long, and the deadline for comments is July 27. CMS is looking at access issues, like time and distance standards, quality improvement, program integrity, and aligning Medicaid with Medicare Advantage and commercial plans. The anticipated implementation would be January 2017.

King v. Burwell should probably be decided by the end of June. We are waiting to see what the decision is.

HCBS waivers are moving forward with renewals.

We're moving forward on the Medically Complex waiver. This will go into effect around October. We are waiting for approval to extend the Autism Waiver. We are extending for children who would not otherwise be eligible for Medicaid because of their income, so they can age out at 7. We are working as fast as we can to implement state plan services for autism, and trying for July 1.

There was an appropriation for increases for dental services. Part of that increase will go to the managed care dental plans. They are required to pass all but 5% of that money to providers. There were increases for anesthesiologists, ground ambulances, and to increase the enhanced payments for specific codes associated with primary care. There will be no attestation requirement; the increase will be available to any provider eligible to bill those codes.

Managed care expansion will be effective July 1. Open enrollment wrapped up June 15.

Discussions on Medicaid expansion are ongoing. We are optimistic.

Adjourn

With no further business to consider, the meeting adjourned at 5:42.