

Medical Care Advisory Committee

Minutes of July 21, 2016

Participants

Committee Members Present

Russ Elbel (Chair), Andrew Riggle (Vice-Chair), Tina Persels, Kris Fawson (for Debra Mair), Kevin Burt, Adam Cohen, Danny Harris, Sara Carbajal-Salisbury, Steven Mickelson, Donna Singer, Jenifer Lloyd, Mark Ward, Jonathan George, Dr. William Cosgrove, Pete Ziegler, Jackie Rendo (by phone), Mark Ward, Nate Checketts.

Committee Members Excused

Mark Brasher, Debra Mair,

Committee Members Absent

None

Guests

Jason Stevenson, Utah Health Policy Project, Jessie Mandle, Voices for Utah Children

Welcome

Russ Elbel called the meeting to order at 1:30 p.m. Russ welcomed members and introduced the newest MCAC member, Dr. William Cosgrove. Dr. Cosgrove is representing Utah physicians and works at Cottonwood Pediatrics as a Pediatrician.

Russ also announced that his term was concluding and Andrew Riggle would be taking over as the new MCAC Chairperson. With his departure [and RyLee Curtis's departure], he mentioned that there would be positions open on the executive committee. One is the position for the Member-at-Large which is appointed by the Chair and Vice-Chair. With Andrew moving to Chair, the Vice-Chair position was also open. Ballots were provided to committee members to vote for the next Vice-Chair and collected for tabulation.

Russ presented Tina Persels with a plaque of appreciation for her 6 years of service on the MCAC. Nate presented Russ with a plaque of appreciation for his 6 year term on the MCAC as well as acknowledging his 2 years as Vice-Chair and additional 2 years as Chair for the committee.

Russ discussed the openings on the MCAC that are vacant due to term expirations as well as others that had not yet been filled. Christine Evans was nominated by Tina Persels as a possible replacement. Jessie Mandle with Voices for Utah Children and Micah Vorwaller with UHPP were nominated for the Consumer Advocacy opening. Doug Springmeyer was nominated for the Managed Care representative by the Utah Medicaid Health Plan Coalition. Nate relayed to the committee that the next step will be for the Department to make recommendations to Dr. Miner as he is responsible for all committee appointments.

Approval of Minutes

Steve Mickelson moved to approve the June 17, 2016 minutes. Donna Singer seconded the motion. All approved.

Voting on Funding Priorities

Members were allotted 10 minutes to list their funding priorities.

Craig Devashrayee – New Rulemaking

Craig spoke on rule R414-1-5 Incorporations by Reference: Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. This change, therefore, incorporates the most current Medicaid state plan and provider manuals by reference to July 1, 2016. The rule was filed for public comment on July 13, 2016 and the first possible effective date is September 7, 2016. No questions were received by the committee or members of the audience.

Jeff Nelson – Eligibility Update

Jeff provided a handout and spoke on Medicaid totals. Month to month adult enrollment has decreased for the second time after five months of consecutive growth, possibly due to adult enrollment stabilizing. Child enrollment has declined for three consecutive months and a slower rate of growth is forecasted in upcoming months as the tax penalty provision of the ACA has likely run its course. People over age 65 enrollment growth depends on a combination of population growth and economic conditions. Between June 2015 and June 2016 there has been a 3% overall increase in enrollment in that population. This has also been observed for individuals with disabilities. Pregnant enrollment declined for the third consecutive month which is unusual and reason might be the decline in pregnancies in Utah teens and another contributing factor might be the growing economy.

Next, Jeff reported on Medicaid, CHIP, & PCN totals. CHIP enrollment shows a notable increase since December 2015. Between June 2015 and June 2016 enrollment increased by 10.8%. CHIP is expected to grow at a moderate and consistent rate in the coming months. PCN enrollment declined four consecutive months which is expected as the enrollment is closed for part of the population. As of July 15, 2016, PCN counts for adults with dependent children was 8,532 and adults without dependents was 7,507.

Krisann Bacon – Access to Care for Medicaid Covered Services

Krisann provided a handout and reported on Utah's Access Monitoring Review Plan. The formal process was started in March. The full plan is available on the Utah Medicaid website. On July 5, the plan was posted for public comment which will run through August 5, 2016. Final submission is due to CMS by September 30, 2016. The Access to Care regulation only applies to a state's Fee-For-Service (FFS) population. In SFY15, Utah's FFS population was just above 40,000. There are 29 counties in Utah; 13 of which are mandatory managed care counties. Managed Care counties were therefore removed from the Access to Care analysis. In addition, 95% of Medicaid recipients receive behavioral health services through a Prepaid Mental Health Plan. This category was also not analyzed for the purpose of this plan. Separate CMS initiatives have addressed the framework for Medicaid Managed Care and Home and Community-Based Services programs. The remaining 16 FFS counties are divided into two categories: Frontier Counties and Rural Counties. The total populations for these groups were fairly close to equal.

Data for Utah's Access Monitoring Review Plan comes from multiple sources including the Medicaid data warehouse. Data pertaining to rate comparisons and providers was obtained from the All Payers Claims Database provided by the Utah Office of Health Care Statistics. The APCD data is collected from commercial health insurance carriers as well as Medicaid and covers approximately 90% of Utah's Non-Medicare population.

Krisann summarized the Data Model stating that the Division established a composite index to be used to create a baseline and to measure potential changes in access. The baseline data model example and thresholds were discussed as they are used to monitor for access issues. Each index component is set to 100, and the differential set at 25% to signify when a potential access to care issue may require investigation. The differential was set at 25% after performing reviews/simulations with provider ratios and utilization ratios. Utah's Access Monitoring Review Plan is specific to 4 service categories: primary care; physician specialist; home health services; and pre/post-natal obstetrics.

Krisann reported on the utilization ratios, cost comparisons and other components included in the Access Monitoring Review Plan. A question was asked if utilization ratios was looked at by claims per member as well as claims per provider. Krisann responded this was looked at as well.

Iona Thraen – SIM Grant Progress

Iona provided a handout to the committee members and gave an overview on the Utah State Innovation Model (USIM) grant. The CMMI (Center for Medicare/Medicaid Innovation) center cooperative agreement was awarded 15 months ago. The aim is that Utah will improve population health by focusing on 3 clinical use cases that reflect current challenges and leverage existing initiatives throughout the state.

In round one the state was awarded \$900,000 with the primary priorities set on behavioral health integration, obesity and diabetes reduction and end of life care. The second round was funded for \$2,000,000 with the primary focus on six areas: value based payments; healthcare delivery transformation; leveraging of regulatory authority; improve information technology; workforce development; and alignment of quality measurements. The final CMMI plan is due this month.

Iona discussed the handout with the committee going through the secondary drivers and their impact on the primary drivers objectives identified. Presentation may be found online at <http://health.utah.gov/mcac>

Particular attention was given to disparities observed with American Indians/Alaska Natives when compared to other Utahans when looking at suicide rates and the incidence of diabetes. Specific counties in the state were observed to have much higher incidence rates for AI/ANs.

Julie Ewing – Quality Measures

Julie gave an update on the ACO quality measures. Julie gave a background reporting how the ACOs and other stakeholders established the Quality Measure Grid through a series of public meetings in 2013. These 25 measures assessed the quality of services delivered by the ACOs to Medicaid members. A handout was provided which tracked the ACOs' performance on these measures from 2013 to 2015. Julie clarified some of the nuances in the handout: In 2013 Health Choice did not report on all measures as their enrollment was not large enough. Furthermore, it was explained that Health Choice's reported

5% rate on Childhood Immunizations was due to new software that was not able to capture all relevant data. Future data will reflect a more accurate rate. Julie reported that the Quality Improvement Committee (QIC) along with Medicaid leadership reviewed and updated the Quality Measure Grid. The handout showed the 2016 Quality Grid.

A question was asked regarding the state average shown on the handout and if it was the state average of Medicaid plans or if it included commercial plans. Julie Olsen responded that it was the State Medicaid average. A second question was asked if there are measures monitoring individuals with disabilities specifically. Emma responded that the Office of Health Care Statistics is largely responsible for the data collection and aggregation and that level of detail is not currently provided. Nate added that the more granular demographic information may not be available as it would then require a statistically significant sample for each of those sub-populations to also be drawn.

Nate Checketts – Director’s Report Update

Nate reported the 1115 Waiver submission was completed as required by statute on July 1, 2016. In the draft that was submitted for public comment, there was 15 years of historical data on budget neutrality provided. In the submission to CMS, these 15 years as well as projections for the next 5 years were also supplied. In order to ensure that members of the public had an opportunity to comment on the 5 years of projects, CMS requested that the proposal go through an additional round of public comment. This will run from July 16, 2016 to August 15, 2016. This is not anticipated to cause a significant delay as CMS has agreed to begin negotiations with the state during this second comment period. The state is hoping to receive approval by the end of December.

PRISM Release 3 for provider enrollment and HIT payments launched July 1, 2016. The system has been able to receive applications with minimal difficulty and staff in Operations have been able to keep up with the influx of new applications. For existing providers, letters will be sent in upcoming months asking providers to validate the information on their profiles that was taken from our current MMIS as well as adding any information required by the new system. The letter will contain login information and instructions for providers.

Voting for Vice-Chair

Dr. Cosgrove was voted to be the next Vice-Chair on the MCAC.

Committee Voting on Funding Priorities

Rank	Topic
1	Full Medicaid Adult Expansion
2	Adult Dental Coverage
3	Coverage for Adult Preventative Medicine Exams
4	Adult Vision Coverage
5	12-Month Continuous Eligibility for Children
6	Well-child Developmental and Behavioral Health Screenings
7	Elimination of 5-year Bar for Legal Immigrants (Pregnant Women) to Receive Medicaid

- 8 Home Health Services
- 8 County Mental Health Match Rate
- 10 Adult Day Health Services
- 11 Coverage Gap Study
- 12 ICF/ID Direct Care Staff Wage Increase
- 13 Assisted Living Rates (New Choices Waiver Program)
- 14 Outreach and Enrollment Funding
- 15 Third Year of Funding Increases for DSPD Providers
- 16 Financial Management Services
- 17 Family Planning Waiver
- 17 Moratorium on the ACA Health Plan Tax
- 19 Transportation Costs for Individuals in Home and Community Based Waivers
- 20 Cost Estimates Identifying Reimbursable Services for Community Health Workers

Additional information can be found on the MCAC website at <http://health.utah.gov/mcac>

Jackie stated some concerns with how far down behavioral health services were ranked, and pointed as well to the presentation given by Iona Thraen as evidence that funding is currently insufficient. She encouraged the committee to possibly give more thought on the rankings.

With the rankings from the committee, Nate then explained what the next steps will be with this information. The Division will take this list, along with other items it has identified to develop the Department's list of proposed funding items. The Department will then meet with the Governor's Office of Management and Budget and go through their prioritization and review process. This information will then be reviewed by the Governor when he creates his budget and recommended to the legislature for consideration.

Meeting adjourned 3:28 p.m.

Next meeting: Thursday, August, 18, 2016, 1:30 p.m. to 3:30 p.m. Room 125, Cannon Health Building