

Alaska Medicaid Recommendations Letter
TO: Commission Adam Crum
FROM: Alaska Medical Care Advisory Committee

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February 3rd, 2020

The Honorable Adam Crum
Commissioner, Department of Health and Social Services
3601 C. Street Suite 902
Anchorage, Alaska 99503

Dear Commissioner Crum:

We are writing to you regarding the findings and recommendations of the Medical Care Advisory Committee over the course of 2019. Our group has met four times, three telephonically and once in person. This summary of recommendations is reflective of both our meetings, interactions with the public, and interactions with other health professionals.

Sincerely,

Dane Lenaker

Dane Lenaker, DMD, MPH
MCAC Chair

Pediatric Subspecialty

The MCAC recommends the following for the State of Alaska Medicaid with regards to pediatric subspecialty services in Alaska.

1. The MCAC recognizes that many Alaska pediatric subspecialty services are in a state of crisis, and the Committee supports the efforts of the All Alaska Pediatric Partnership and their other partner organizations' efforts to build a high-quality, sustainable system for pediatric subspecialty services for all Alaskan children.
The MCAC supports continued Alaska Medicaid personnel participation on this important project.
2. Committee Member Dr. Matt Hirschfeld will work with Medicaid CMO Dr. Pepper Goslin and other interested parties to finalize the Alaska Medicaid Genetic Testing Provider Billing Manual to improve payment for genetic testing for all Alaska children.
 - a. After this project, an improved payment system for genetic testing will potentially result in increased genetic clinical services for all Alaska children, which the MCAC supports.
3. Work group member Dr. Matt Hirschfeld will give updates at all MCAC meetings on the state of the All Alaska Pediatric Partnership's initiative to build a high-quality, sustainable system for pediatric subspecialty services for all Alaskan children.

Dental

Recommendation: Maintain adult dental Medicaid benefits.

Alaskans have spoken consistently and expressed the need for adult dental Medicaid services. Greater than half of the public comments received during the in-person MCAC meeting involved the elimination of adult dental Medicaid, and 100% of the in-person comment stressed the need for some adult dental benefits. There is significant data that shows the removal of an adult preventative dental benefit increases medical costs in other sectors, particularly in the emergency room. During the MCAC in-person meeting, DHSS noted the adult dental benefit would be reinstated effective 12/31/2019, and the MCAC is thankful for and supports this decision.

Recommendation: The MCAC supports the development of clear guidelines for clinical care that both providers and Medicaid dental claims reviewers can utilize. An example is clarifying the definition of "medical necessity" in the context of dentures.

Dental Work Group

The 2019 cuts to the adult preventative Medicaid program created the need for additional dental expertise to assess the impacts on Alaskans, as well as looking for potential cost savings by eliminating waste and fraud. Dr. Julius "Pepper" Goslin spurred the creation of this group, which has since helped analyze and describe outliers in claims data and drive ingenuity. There may be room to modify the current dental plan to reduce costs and increase efficiency, but it will require significant staff support to make these changes within the Medicaid program.

The discussion of “data” came up numerous times throughout the year and during our in-person MCAC discussion. Dental claims currently do not require submission of diagnostic codes, or other coded data. As a result, Medicaid does not get important information about the patient’s “caries risk,” which should be considered when selecting various treatment types and modalities. We recommend that Alaska move in this direction, as this will not only help the Medicaid program by improving their dental billing data but it will also improve public health data for DHSS.ⁱ This may allow the State to improve both treatment outcomes for the Alaska population and reimbursement.

Self-Management and Board of Dental Integration

Recommendation: Provide an on-line digital complaint submission process to the Board of Dental.ⁱⁱⁱⁱ Create a more accessible, user-friendly process to submit a complaint to the Board of Dental. These recommendations may be generalized to other professional boards, but the MCAC has not researched this issue.

There is a need for additional integration between the Medicaid programs, the claims reviewers, and the Alaska Board of Dental Examiners. During advisory group meetings amongst practicing dentists, there was discussion about the potential risk for abuse of the Medicaid system. It has been noted how complicated it is to file a report for potential fraud with the dental board, and that that the board itself tends to respond poorly to telephone requests.

Development of MCAC Work Groups

Recommendation: Develop MCAC workgroups to focus on specific Medicaid program needs or issues.

Develop a process to form workgroups based on the model of the Dental advisory group. The purpose of these groups is to use high-quality Medicaid program data along with the health professionals' clinical and practice experience to make practical, value-added, and evidence-based recommendations regarding the policy and management of the Medicaid program. The MCAC has identified two initial priorities for forming workgroups:

1. Screening workgroup. Utilize recommendations from the USPSTF to identify evidence-based clinical preventive services such as screenings, counseling services, and preventive medications/interventions that the Medicaid program may seek to provide.
2. Genetics testing workgroup. Review evidence-based recommendations and data to identify a genetic testing policy that will allow for improved genetic testing coverage that is also cost-effective.

The workgroups will be most effective if they include health professionals with expertise in the content area along with select state employees who understand the Medicaid program. Whenever possible, assigning a staff person to the group will facilitate the accomplishment of the work.

Technology

Recommendation: Develop a technological integration strategy with the following components:

- Existing multi health system electronic health records

- State and federal reporting systems
- Payor billing systems
- Telehealth
- A unique healthcare identifier for each Alaska citizen that will travel with them across all healthcare systems in the State, such as a master patient index.

Impression: Integrated care technology is vital to apply healthcare transformation models that include transitions of care, care coordination, overutilization, and achieve meaningful quality and value-based goals. Many challenges are hampering the use of technology, and support to develop a technology integration strategy is needed.

Telehealth utilization requires agreements with organizations and an easy to use a technology platform to exchange information that meets documentation and HIPAA requirements. Multiple electronic health record platforms, billing vendors, and software vendors create a large burden of cost to healthcare institutions to meet regulatory requirements and quality metric reporting.

The following are strategies necessary to improve care and contain costs:

- Unify multiple systems into a single or fully integrated system (i.e., federal or state) leveraging buying power with incentives for organizations. The existing Alaska HIE platform does not currently meet this need, and an alternative approach is needed. The return on investment, not just with the purchasing power of vendors, but the care coordination, care management, high utilization reporting, prevention reporting, pharmaceutical reports, and billing is substantial.
- Telehealth access with “store and forward” (asynchronous) and video (synchronous) models vary in the delivery. Support of these models during the transition of care, for access to care and care management, is vital for the delivery of a higher level of care to home, school, health facility, rural facilities are paramount in value-based approaches in Alaska.
- Technology approaches that support improved ease of implementing a statewide virtual provider network for telehealth.

Alaska Prescription Drug Monitoring Program (PDMP)

Practitioners are required to register with and check PDMP before prescribing, administering, or dispensing federally scheduled II-IV controlled substances, except for specific interactions specifically exempted from the reviewing requirements. Providers are sent unsolicited “Prescriber Report Cards” quarterly to allow practitioners to review their prescription activity and see how their activity compares to similar practitioners within the same occupation and within a specific specialty. Unsolicited notifications or “Threshold Reports” are sent to licensees as well as prescribing boards when a patient meets or exceeds specific threshold requirements, but there does not appear to be any specific corrective actions required by those boards upon receipt of the threshold reports.

According to the Alaska Prescription Drug Monitoring Program- 2019 Legislative Report, the threshold notifications are provided to identify opportunities for guidance and education on opioid pain management, and the requirement to review patient prescription history prior to prescribing, administering, or directly dispensing. The unsolicited reports are made available to practitioners to

allow them to see how they are doing compared with their colleagues and peers. Most practitioners will likely review and try to modify their behavior if it is identified to be outside “normal” for their practice setting. However, not all practitioners are willing or able to self-regulate, and other practitioners may not even be trying to follow best practice recommendations with regards to opioid prescribing.

Therefore, this committee recommends that the information available through PDMP must be used in an actionable way by appropriate boards to mandate real change when practitioners are found to be unable or unwilling to modify their prescribing practices. The opioid crisis facing our state and our nation is real and is not going just to go away because most practitioners want to do a good job managing their opioid prescribing habits. Practitioners should be responsible for their opioid prescribing and dispensing activities and should be held accountable when those activities are outside the range of “normal” for their specific occupation or specialty.

Commendations

The members of the MCAC would like to offer a sincere Thank You to Shawnda O’Brien and the Division of Public Assistance employees who are responsible for the significant and noticeable improvements that have been made with the Medicaid application process. Until recently, the backlog of Medicaid applications and the significant delay this backlog caused for applicants was a frequent topic of conversation at MCAC meetings. Due to the dedicated and outstanding work of the staff who have been involved with eliminating the backlog, the only conversation regarding this topic at our most recent meeting was one of praise. We appreciate the hard work of the staff involved with this accomplishment and recognize that it is of great significance to the patients/consumers in our state. .

MCAC Support

The MCAC meets quarterly throughout the year. Three of the quarterly meetings are held via teleconference. In-person meetings are more effective than teleconferences. To strengthen the work of the MCAC we recommend two in-person meetings per year alternating with teleconference meetings.

We have identified the need to be able to share documents with meeting attendees during our teleconference meetings, and the current telephonic platform does not support that functionality. Meetings would be much more efficient if we were able to connect via technology that allowed users to share documents in real-time during the meetings. We recommend the MCAC be provided with the ability to hold MCAC meetings using virtual meeting technology that is widely available (GoToMeeting, Zoom, Vidy, etc.). We request that this technology is available for all MCAC meetings.

ⁱ https://www.ada.org/~/media/ADA/Member%20Center/Files/ICD_requirement_24SEP2015.pdf?la=en

ⁱⁱ <https://mn.gov/boards/dentistry/consumers/complaints/>

ⁱⁱⁱ https://www.breeze.ca.gov/datamart/mainMenu.do;jsessionid=4-4E0OBDX_jMwM7f6sdiTiOfzH9NK0u7I561b6VQ.dca-fp-98-o-07