

Summary Minutes: Medical Care Advisory Committee August 14, 2009, meeting by teleconference

Members/Medicaid Program officials present: Deborah Kiley, DNP, Chair; John Bringhurst, Amber Doyle; Jerry Fuller; Megan LaCross; Catriona Lowe; Mike Moriarty, DDS; Renee Stoll, R.Ph; Bill Streur; Elizabeth Turgeon, MD; Mark Walker.

MCAC staff present: Sally Bowers, RN; Nancy Cornwell

Introductions/Announcements:

- Mike Moriarty, DDS, from Seward was introduced as a new MCAC member.
- Sally Bowers will no longer serve as the MCAC staff and Nancy Cornwell will serve in that role.

Approval of Minutes

Draft minutes from May 14, 15, and 16 were approved as presented.

Election of Officers: Chair and Vice Chair

There was unanimous agreement that Deborah Kiley should continue as Chair for the remainder of CY 2009, and for the full CY 2010. The committee agreed to submit their names to Nancy if they are interested in serving as Vice Chair.

MCAC Draft Plan. Nancy reviewed the *MCAC--Summary of the Planning Session, May 16, 2009*.

At the May meeting, the committee agreed the MCAC purpose is: "to facilitate the Medicaid agency's interface with recipients and providers."

The committee identified and prioritized their six (6) desired outcomes:

1. Improved array of Medicaid services
2. Improved quality of services provided
3. Medicaid program staff understand recipient and provider issues and their (staff) responsibilities
4. Processes streamlined, administrative efficiencies (realized)
5. Recipients understand the program and their responsibilities (and how to get information)
6. Providers understand the program and their responsibilities (and how to get information).

Nancy presented a draft plan that included tasks for each of the 6 desired outcomes. Tasks for the first 2 outcomes were developed by the committee at their May 16 meeting while the remaining were submitted by individual members to Nancy following the meeting. (All tasks were reflected in the document *MCAC: Draft Plan, tasks sorted by desired outcomes and suggested order in which to pursue, May/June 2009*).

A discussion focused on the first 2 desired outcomes--"improved array of Medicaid services" and "improved quality of services provided." Members noted two perspectives on quality, one

on the quality of services delivered by Medicaid providers AND the other on how well the Medicaid program is performing its functions. There was general agreement that the committee's initial focus should be on the on the later, **“how well is the Medicaid program performing its functions?”** Specific functions or issues mentioned by the committee members included:

- “Right service, right place, right time”
- Providers are dropping like flies (providers not re-enrolling).
- Are providers accepting Medicaid patients?
- Why are payments denied?
- Get service prior authorized while patient is in office
- Providers have misinformation (patient refuses co-pay)
- Key that providers know policies. There are providers who do not understand the program and don't take Medicaid patients, its put pressures on those that do.
- CMS put a moratorium on SDS waiver programs. Why did this happen? How did the Medicaid program respond? Why did CMS lift the moratorium? What has this meant to patients (recipients) and providers?
- Recipient enrollment. Is there a backlog of children that need to enrolled? (One improvement has been 12 months continuous eligibility.) Do we have information on how long it takes a child to get enrolled?
- Patient responsibility must include bringing their stickers or card to their appointments. What can be done?
- Providers hearing complaints about recipients (what can Medicaid program do?)
- Recipients have an entitlement attitude.
- Complaints, why are there so many complaints?
- Ability to ask questions and answer quickly,
- Appeals?
- Audits?
- Fair hearings?

Several suggestions/informal recommendations were made during the course of the discussion:

- An easy way is needed for providers to communicate when they are in the trenches. Could providers report problems to an ombudsman or advocate, via a website?
- Get providers to share with the MCAC what they have learned.
- In reference to the SDS Alerts, can something like this be implemented for other parts of the Medicaid program?
- Providers get Remittent Advice (RA) announcements on claim payments but their staff do not consistently share this information. Is it possible to get correct email addresses and send (the RA) information to providers rather than relying on RA announcements?
- A Smart PA (prior authorization) process with new MMIS will reduce the time it now takes to get a PA decision.
- Could Medicaid patients move into a medical home?
- The new ACS (fiscal agent) website is (already) much easier to navigate.

Deputy Commissioner's Report.

Jerry Fuller and Bill Streur reported the following:

- During a routine review in January/February, SDS made CMS aware of a backlog of reassessments for Medicaid recipients in either one of the (4) Medicaid waiver programs or receiving Personal Care Attendant services. CMS abruptly issued a moratorium. The department has worked diligently on the backlog, hired additional staff, retained a new coordinator, and submitted a Corrective Action Plan. Subsequently, CMS lifted the moratorium.
- There are currently 5 Federal health care reform bills. Alaska's U.S. senators are taking an active role.
- The department is trying to hire a physician for the medical officer/public health director position.
- The MMIS continues to move forward and the department continues to expect the June 30, 2010 implementation date.
- Several Denali KidCare expansion bills were held over from the 2009 legislative session. The governor's position is not known at this time.

Next meeting

The next face-to-face meeting will be in Anchorage and is scheduled for October 23 and 24. A teleconference meeting was tentatively scheduled for November 20.

The committee agreed to focus on the question "how well is the Medicaid program functioning?" Deb noted she will get together with Bill, Jerry, and Nancy to develop an agenda. Deb suggested time be reserved for provider and recipient comments, and that individual members could invite individuals to speak to the committee.

Other information requested

- Counts of Medicaid recipients in region, poverty rates by region.
- A comprehensive list of the DHSS.