

Alaska MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING

Minutes: December 12, 2022, 3:30 p.m. – 5 p.m.

Members Present:

Jeannie Monk, MPH (Chair), Private/Non-Recipient
Dane Lenaker, DMD, MPH, Provider – Dentist/Licensed Dentist
Matthew Hirschfeld, MD/PhD, Provider Registered Nurse/Licensed Nurse (Vice Chair)
Chad Jensen, Consumer/Senior Advocate
Renee Gayhart, Department of Health, Health Care Services Director
Sherri Hinshaw, Provider Behavioral Health
Susan Wheeler, PharmD, Provider/Licensed Pharmacist
Mary Middleton, Non-Governmental/Social Services Agency
Katrina Wilson, Alaska Licensed Nursing Home Administrator
Jessica Oswald, Provider/Pharmacy & Home Medical Equipment Provider
Victoria Kildal, Provider Behavioral Health

Introductions:

DOH Leadership:

Emily Ricci: introduction to the group. Doesn't want to hold up the recommendations and will listen to discussion and will ask more questions when necessary.

Recommendations:

- Action question by Jeannie Monk: Who is responsible? - Commissioner's response is part, but who acts on the recommendations?
- 1. Telehealth remote patient monitoring: see agenda – Providence and Alaska Native were interested in running the pilot project. From Renee Gayhart:
 - a. No State Plan amendment for project
 - b. Fiscal Note necessary
 - i. Matthew believes that he can put a work group together to drive this forward. Providence still interested.
- 2. Jessica Oswald responds: acute care facilities continue to struggle with solutions for post-acute care options. Patients remain in care, sometimes for years. Bring together a group of stakeholders, assess regulatory challenges, look for innovative payment options – Workgroup outside this group is on-going and may have recommendations. Full story, research, and data needs to be gathered from Medicaid and State.
 - a. Response from DOH: Renee Gayhart – Use MCAC to form advisory group to detail out what exactly is needed, so Medicaid can determine what is needed, and how to pay for it.
 - i. Jessica Oswald volunteered to work on sub-committee workgroup. Chad Jensen as well.

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3. Behavioral Health workgroup: Victoria Kildal – Wants to assure we’re not duplicating other workgroup efforts.
 - a. Overview of the challenges for higher level placement for acute cases in Alaska. (context for request) Administrative burden – regulatory requirements are burning out employees. Reduce Admin burden, streamlining process for patients and work force.
 - i. Not sure if a work group within this MCAC is necessary. Looking to partner up with other workgroups. Wants to reach out to ABHA to see if their current efforts meet this group’s needs.
 1. Emily Ricci: State has been putting a lot of effort into reviewing the Admin burden across the board – shared goal is that patients have access to these services. Feels that the original recommendation has stale dated with the work that’s been done recently on reducing that burden.
4. Podiatry: Matthew Hirschfeld – Access Medicaid in a different way. Make Podiatrists Medicaid providers. Workgroup has not met since recommendations had been made.
 - a. Renee Gayhart: Process is on track.
 - b. Jeannie Monk: Is any action necessary from group?
 - i. Renee Gayhart: I don’t think so (Dr. Goslin not present)
 - ii. Matthew Hirschfeld: Subgroup will be pulled back together when there’s action items
5. Renee Gayhart: explains how MCAC has a full membership, and they now have the avenues to get things done. Subgroups is the way to get right folks to the table and gather the right data. Addressing how a number of issues have been on the table for a while, but wants to point out progress is being made.
 - a. Matthew Hirschfeld agrees from his place of years on the board
 - b. Jeannie Monk reminds members that they will need to participate in subgroups for meaningful involvement
6. P&P Manual to be approved – (should be updated with current header)
 - a. By-laws have been adjusted to give members no term limits to keep that experience on the board.
 - b. Renee Gayhart explains why P&P is needed – State policy methodology
 - c. Motion to approve – passed
7. Skipping Dr Goslin report as he’s not in attendance
8. Director Shawnda O’Brien report from DPA – auto renewal is ongoing for Public Health Emergency of Medicaid recipients. Several thousand people are in the older database system which can’t auto renew some people. Those must be manually worked by staff. Experiencing staffing shortages, and long training times, delays are happening in app processing and SNAP. October put in place Wednesday is production day while calls aren’t answered unless it’s emergency call. 400% increase in productivity to catch up on eligibility processing. But that means it’s more difficult to reach a tech on the Virtual Call Center. Production Day isn’t permanent; only until caught up. Filling positions as soon as possible at the lowest levels to: 1) easier to train 2) and gives a pool to promote up to more complex duties, 3) it’s where there’s the highest turnover. Techniques to retain staff – reclassified up to higher pay scale. Expects to see improvements in next three months.

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- a. Sherrie Hinshaw question: Behavior Health Association - we're hearing a lot of concerns about wait times. Lots of impact for clients. Claim payments being denied, cliff for coverage when PHE ends. Asks what other ideas are out there for taking the burden off clients and providers –
 - i. Shawnda O'Brien: Old legacy system is likely at fault. Upgrade to the newer system thru contract system with CMS. Hope to see improvement in the next 18 months – 2 years.
9. Public Comment –
 - a. Trevor Storrs, AK Children's Trust – DPA hold times Virtual Contact Center line – coverage gaps due to long wait times, dropped calls, missed appointments. Telephonic appointments aren't working. Needs change now. Concerned stakeholders have come together, bringing data together to show the issues. Wish to partner with the State to make the benefits phone lines work. Respectfully request more time on the MCAC agenda for the next meeting. DOH bring forth their data to show how it's working.
 - i. Reminder from Jeannie Monk that we're not an action committee
 - b. Meghan Foster – Agrees with Trevor's comments. Ped dentist. TPL issues. Can't get addressed in timely fashion so appointments have to be canceled. Ped dentist community pre-authorized for full mouth rehabs. Haven't even met the kid or see the mouth before putting in request. Administrative burdens for changes to treatment.
 - c. Todd – General dentist in FBX: 1 of 2 offices that does adult Medicaid in FBX. Administrative burden, 3-4 dedicated staff for paperwork. The process is so time consuming, hold times. Struggling and considering no longer accepting Medicaid.
 - d. Heidi Ostby – Ped dentist: Agrees with Meghan and Todd. TPL issues. Who do we reach out to and contact to resolve issues. Service authorizations haven't been required before and now they're required. Travel authorization issues as well. Asking about expedited pre-authorization that she'd heard was being considered.
 - e. Andrew – 12 days wait for authorizations. Ped Dentist caller? If the patient has developed pain or swelling that's not on the original authorized, needs to go to hospital.
 - f. Kenley Michaud – support for what's been said so far. Understands Medicaid wants more accountability in place. But feels that it was done too soon, before Medicaid had case management system in place. If only they could just update their database system.
10. Dane Lenaker's response – Matthew Hirschfeld was part of the sub-committee. Most consistent set of concerns- paperwork, timeliness, pre-authorizations. Plan to meet again in January. Not sure how much flexibility there is with new regulations.
11. Renee Gayhart response – We'll put together more of a response later, but Fiscal Agent is being split off from Conduent which should see improvement as Conduent doesn't have electronic options.
 - a. DeVon Banks – doesn't want more training but better systems. And less paperwork.
12. Matthew Hirschfeld: Report on subcommittees: Peds Dentist meeting was well attended. Genetics testing workgroup- Carrie Silvers is doing regs on genetics testing reimbursements. New workgroup will address this issue. Peds subspecialty projects workgroup. Home ventilator workgroup trying to get vendor to supply devices. Cranial facial workgroup on-going. Eating disorder workgroup starting in new year.
13. Comments from MCAC members

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14. Sherrie Hinshaw – AK Behavioral Health – report questioning report with conclusion of Medicaid rates review.
15. Emily Ricci: Thank you to everyone.
16. Meeting Schedule – Jeannie Monk will set schedule for 2023.