Medical Care Advisory Committee
Minutes Friday, October 31, 2008

Supplemental Meeting Anchorage
Teleconference 1-800-315-6338 (2478)

Members Present:

NP Deb Kiley, Chair
John Bringhurst
Marie Darlin
Amber Doyle
Megan LaCross
Catriona Lowe
Karen Sidell
Tracy Charles-Smith – briefly attended
Dr. Elizabeth Turgeon
Renee Stoll
Mark Walker

DHSS Staff

Jerry Fuller – Medicaid Director
Sally Bowers – MCAC Coordinator

Commissioner' Office

William Hogan, Commissioner
William Streur, Deputy Commissioner

Other participants

Thomas Chard – DHSS Planner Alaska Mental Health Board and Alaska Board of Alcoholism and Drug Abuse
Keith Busch– CMS Auditor

Introductions/review of member positions

NP Deb Kiley, Chair – Anchorage – Provider Representative - Nurse
John Bringhurst, Vice Chair – Petersburg - Provider Representative -Hospital Administrator
Marie Darlin – Juneau - Consumer Advocate/8years – (Seniors Representative)
Amber Doyle – Wasilla - Consumer Advocate – (Child on DKC)
Megan LaCross – Soldotna - Consumer Advocate – (Disabilities representative)
Catriona Lowe – Homer- Consumer Advocate – (2 children on DKC/small clinic provider)
Karen Sidell – Bethel - Consumer Advocate – (Child on Medicaid/ works in Tribal Health Clinic)
Tracy Charles-Smith – Fairbanks - Consumer Advocate (Child on Medicaid)
Dr. Elizabeth Turgeon – Wasilla – Provider Representative –Physician
Mark Walker – Wrangell - Provider Representative – Behavioral Health Provider
Renee Stoll – Wasilla – Provider Representative - Pharmacy

Approve Agenda

Agenda approved with no additions; however a minor change in the order of business occurred due to the need for Tracy Charles-Smith to leave the meeting early to tend to the care of her child. At the onset of the meeting, Tracy presented a brief summary of challenges of travel to Tok for the site visit scheduled for May 15th & 16th. Potentially members can fly to Fairbanks and the drive to Tok from here. That trip would take approximately 3 ½ hours versus driving from Anchorage to Tok would be at least an 8 hour drive.

Tracy mentioned potential flights leave on Friday but return on Monday. Flights generally leave on Mondays, Wednesdays, and Fridays. She thought the plane was a Caravan that would carry 5-6 people. Tracy will explore flight schedules further and send an email to Sally who will help coordinate the planning. NP Kiley noted the committee needs to decide if this is going to work. One of the reasons to go to communities such as Tok is to get the experience of dealing with the challenges of actually getting there. If it is a simple matter of flying in and flying out, perhaps the committee has not met its mission

Approve Minutes
Motion made by Dr. Elizabeth Turgeon to accept the minutes. Motion seconded by Marie Darlin.

Announcements, NP Kiley (Chair)
No new announcements

Presentation by Commissioner Hogan
Commissioner Hogan remarked, at one time, as a provider of mental health services in Wasilla, he spoke before the MCAC regarding reimbursement issues that were affecting mental health providers. He voiced his appreciation to the Committee for their work and their request to meet with him. Perhaps consideration should be given to meet face to face with the Committee on a regular basis.

Commissioner Hogan presented the 2009 department priorities that actually cover an 18 month period. Five major categories are crafted to address the broad scope of the department. With the development of these priorities, there is a sense of direction for the department. Through a strategic planning process, the Department continues to work on developing goals; i.e. what they really want to accomplish (measurable objectives). Overtime, definitive outcomes/goals will be developed for each of the areas. (Attached document Alaska Department of Health and Social Services 2009 Priorities).

1. Substance Abuse: Affects nearly every family and community in Alaska. It is a contributing factor in suicides, crime, unemployment, domestic violence, child abuse, juvenile delinquency, school dropouts etc. Although some money has been directed toward these efforts, to date, there has not been a significant impact on reducing substance use or abuse, chemical dependence, etc. nor has progress been made toward helping people recover. Consideration is being given to develop a public/private partnership; preliminary conversations with the Rasmussen Foundation have been initiated. If a solid plan is developed, the State feels businesses such as BP, Fred Myers or others that surely are affected by substance abuse issues, will be interested. Currently and for FY 10 budget the focus is on:
    a. Prevention – the Department basically has highlighted prevention and early detection.
        i. In the last legislative session funding was secured for prevention of underage drinking initiatives. Implementation initiated.
    b. Early Intervention
        i. Integration of primary care and behavioral health. Several efforts underway. The department is interested in looking at programs already out there in communities to determine what works/doesn't work. Much depends on the community. The need is to get a better sense of private practitioners, what they currently doing. An example of services offered in upstate NY where a doctor who sees a patient with particular symptoms may actually walk the patient up to see a psychologist to assess issues that may be affecting physical symptoms. The visits are actually paid by Medicaid. The department is much more attuned to moving in this direction and likely will see more support. This has the potential for a change in Medicaid regulations.
        ii. Screening all youths in the juvenile system for substance abuse.
        iii. Senator Johnny Ellis secured money for involuntary substance abuse treatment in a secure setting. This included operating money as well as capital money. Hopefully, effective January 1, 2009, the state will open 10 secure beds in Clitheroe Center to treat those individuals who historically have refused voluntary treatment. There has been some controversy due to the fact that the great majority of those needing treatment are likely to be Alaska Natives. They are being cautious so that participants are treated with dignity and respect and that the program is not identified as a racial issue. This type of program has not been done historically. They want to give it a try. The state also wants to develop this program in a rural area. Discussions have taken place with Maniilaq in Kotzebue to do something similar. The FY 10 budget proposal likely will

contain a request for funding to continue the program in Anchorage and possibly expand it in the rural area.

c. Treatment
    i. Some Department staff have traveled to observe a program called Shields for Families (Exodus Project). The California agency purchased a 70 unit apartment complex primarily to house moms with their kids. The family goes through treatment. They have vocational programs, after school programs, day care for young kids not in school. It is a broad based program. The department is hoping to secure funding to do a study and hopefully replicate the program with a pilot in Anchorage and perhaps another area.
    ii. Plan to submit a Medicaid waiver for substance abuse, particularly for adults (adult males). They are in the process of finalizing a contract to look at the feasibility and develop the waiver. For the most part, substance abuse providers are paid with general fund dollars. By creating a waiver with a defined set of services (case management, care coordination, out patient services, detox, limited residential) Federal funds could potentially be used. CMS seems interested in the idea.
        - Jerry noted the idea behind the waiver is to get Federal funding to support the services for the Alaska population and also to look at best practices in terms of substance abuse services. What is currently being done may not necessarily be the best thing we could be doing. They will also look at the type of provider array/qualifications who could give the best outcome. It is not simply expanding eligibility; but looking for perhaps different methods to achieve better outcomes.
        - Committee members applauded the efforts of the Department in initiating this waiver. It was noted the importance of early intervention versus treating only the worst of the worst problems which allows small problems to become big problems. A program such as that proposed could allow for early treatment and potential for successful recovery rather than the focus being those that we just can't seem to help get better.

d. Recovery
    i. Strong link between substance abuse and suicide. Developing an effort for suicide prevention especially in the NW (Bethel, Kotzebue, Barrow etc.) part of the state.
    ii. The State wants to provide an array of services to support those in recovery.

2. Health & Wellness
    a. Alaska has disproportionate rates of tobacco use, diabetes, obesity, heart disease, cancer. We need to do a better job of helping people make healthier lifestyle choices; create greater access to our health care system.
        i. Working with the University and providers to expand our health care work force since we continue to have a significant health care worker shortage.
        ii. Expand the health insurance option.
    b. Enhancing and developing a more coordinated trauma system.
    c. Continuing work with communities to prevent health emergencies and prepare for pandemics and natural disasters.
    d. Developing expertise in performing health impact assessments.
3. Health Care Reform
    a. Disease management – initially the focus was on specific diseases, diabetes, heart disease etc. But now the focus is turning to health management around the adult disabled population. There is a disproportionate health problem with that population which is where most of the Medicaid cost is. Likely will see a renewed effort in health management.

Jerry noted states that have started disease management programs have not found them to be successful; so now, the trend is moving to treating the whole person. The proposal for the new budget likely will contain a related project; but the details are being worked out. One big issue will be to work with already existing disease management/care coordination programs i.e. Southcentral Foundation. The goal will be to work with other agencies to be sure there is not a duplication or overlay of efforts.

Deputy Commissioner Streur mentioned we also need to look at what we currently are doing in terms of intervention in the Medicaid population i.e. prior authorization thru Qualis for acute inpatient care and behavioral health; prior authorizations thru SDS for PCA and waivers. These programs currently are not connected but likely deal with the same patients. There needs to be a way to connect them; to look at the whole person. This will involve looking at dual coverage to ensure coordination of efforts.

There was a brief discussion about the benefits of the medical home (perhaps better called the patient centered model). Dr. Turgeon mentioned the patient centered home enhances access to care, enhances support systems for clinical issues as well as family issues. It provides for coordinated care. If Medicaid was to develop this model, it has the potential for improving efficiency and decreasing the cost of care.

4. Long term care
    a. Final version of the Recommendations for the Long Term Care Plan has been submitted and is posted on the website www.akltc.com. There are some recommendations that will really help us move forward. Marie noted that she was involved in some of the review process. The Alzheimer's issue is one that she worked on. The Commissioner noted the state is considering a waiver. The document is 352 pages long, but the executive summary is about 5 pages and should provide a good basis for review.
    b. As part of the SB61 implementation the state has been actively working with the Alaska Native Health Consortium on development of long term care plan specifically long term care facilities.
    c. Last legislative session YKHC received a general fund appropriation of about $7-$8 million as did Maniilaq. The Alaska Native Health Consortium received a $7.5 million appropriation all for establishing/constructing long term care facilities. This likely will result in a nursing home in YK; an assisted living/nursing home in Maniilaq; and in the Anchorage area they are looking at 110 bed nursing home/step down assisted living type facility.
    d. Currently, there are over 1700 assisted living facilities in the state. Last year a rate increase was requested for several provider types. Assisted living facilities got a 6% increase to cover the increased cost of providing services. Myers and Stauffer is in the process of finalizing a cost methodology; a method to capture the true cost to providers in an effort to establish rates to cover the true costs. They are starting with home and community based providers and will generalize/expand to other providers. Because the rates do not cover all the costs, some providers are not able to provide the quality services they would like to provide. There are concerns that some assisted living homes do not provide the quality of services the state would expect. The challenge is how to support those that provide quality service and also address the issue with those who do not meet the standards. There also have been some significant compliance issues revealed in audits resulting in significant paybacks. This has been a challenge to adequately survey and ensure providers are coming into compliance and meeting standards.

        Karen Sidell noted that a goal for the state should be to provide a consistent platform of services for everyone so that you know that no matter where you live you can depend on the same quality services. There does not seem to be much oversight. Megan also mentioned a personal issue she dealt with that resulted in inadequate care for her husband in an assisted living home that caused a year of hardship for him.

Dr. Turgeon remarked about the importance of oversight. She explained a situation regarding a patient who was getting very poor care. When she reported it to the ombudsman, this led to attorneys representing the care center attacking Dr. Turgeon. This type of treatment makes the doctor hesitate to report such care. The patient finally was removed from the situation; however, the home is still operational in the Valley. The question is raised as to whether there could be a way to reward those facilities that do a good job and need to have a way to deal with the bad ones.

John Bringhurst mentioned the need for guidelines to define assisted living. At a meeting with the providers, concern was voiced that the level of care seemed more like nursing home care although staff were not adequately trained for the level of care. This emotional issue was reiterated by several Committee members who voiced concern over the level of care being beyond what the facility is capable of handling, but the facility wants the money so they admit the patient and simply neglect the needs.

Discussion continued about issues around assisted living homes and the need for more oversight since they seem to be a "catch all". Sometimes patients end up in assisted living when there is no place else for them to go. Another point is the facility does not have to be licensed until they have 5 beds. Some will not take Medicaid, only private pay. If they keep the census less than 5, there really is no oversight. Also of concern is the potential for long waits to be admitted to facilities while awaiting assessments and how to determine how to best match a patient's needs with the best facility.

Jerry noted the Myers and Stauffer review is starting out by looking at facility reimbursement. They have suggested that over time, the state move toward an acuity based system. Since there is no current data, the intent is to start with the rates first and then hopefully move toward acuity based. Jerry pointed out that nursing homes remain under the public eye, so there is increased scrutiny and monitoring; whereas assisted living homes are further away from such monitoring. Although most places will be fine, it is the outliers that are the problem.

John Bringhurst recommended developing a provider panel to help determine various standards. Jerry noted that the immediate need is to get through the Home and Community Based Strategies Report, get through the session and make sure there is an emphasis on an improved QA structure for whatever the proposed change would be.

e. Aging and disability resource centers – essentially information and resource centers; one stop shop for information. Currently there are 3. The state would like to expand, since it is a good model and seems to be working well. It is supported nationally.

Action Item: Consider inviting Jane Urbanovsky (Certification and Licensing) to speak to the MCAC to explain what they can and can't do.

5. Protecting Vulnerable Alaskans
   a. Focus on family-centered services to keep both kids and communities safe through the efforts of the Office of Children's Services (OCS) and Juvenile Justice (JJ).
   b. There were a number of people who were at risk of loosing their Temporary Assistance for Needy Families (TANF) because of the 5 year window. What was discovered is that many of these families have mental health and substance abuse problems or are victims of domestic violence, physical disabilities. From the Department's perspective, there is very good reason that they have not been able to go to work and/or keep working. The kids in those families have been involved with OCS, JJ and so the Department has begun to look at how the whole family can be supported so that the mom can go to work. Basically, the theme is the Department is looking at the whole family.

Karen noted that in her work with YKHC, they have discussed with Ina Linda the possibility of determining Medicaid eligibility for families applying for food stamps. Ina had indicated they would talk about it; but even after a year, there has been no action. There just does not seem to be interest in doing so. This is a process issue since the same paper work simply

needs to be filled out. Actually, there is more paper work for food stamps. It was also noted this would be beneficial for the IHS providers if applicants were found eligible for Medicaid.

Jerry noted this is the purpose of the one-stop shop resource center. If a person comes in to apply for one thing, they could be assessed for the whole array of services.

Action Item: Deputy Commissioner Streur indicated he would meet with DPA staff (Ellie) and HCS staff to see if there is a way to improve the process so that anyone applying for food stamps could also be assessed for Medicaid eligibility.

Other discussion items mentioned by Commissioner Hogan

1. Medicaid reform status reports dealing with implementation of recommendations of Senate Bill 61 specific to health policy. Jerry Fuller does provide routine updates for the Committee.
2. The state still intends to establish a health care commission. It was part of the Health Care Transparency Act introduced during the last legislative session that did not pass. The three aspects included creation of a health care commission, creation of a health information office, and to repeal certificate of need (CON). There continues to be support in establishing a health care commission, so likely the next legislative session will include a statute to do that. The prospect of a health information office is uncertain, but they are exploring options to make quality data and patient care data more available to the public; since the focus of the health information office was to inform consumers and inform potential patients so they could pick & choose quality care/where they might go for treatment. Likely will see something related to a certificate of need which may lead to a change in the regulations that would potentially increase competition and increase consumer choice. Over the next month or so, the commissioner hopes to discuss the CON with the governor to see if she is intends to push for repeal. This was very controversial with many people opposed, i.e. Alaska State Hospital and Nursing Home Association as an example.

Marie Darlin interjected that hopefully any legislation introduced will present 3 separate issues. The sense is the reason we didn't get anything last time, was because it was grouped together and they really are three separate issues.

Commissioner Hogan's request for MCAC to work on in the next few months:

1. Monitor the budget proposals. Continue to offer recommendations to the Commissioner on issues related to Medicaid.
2. Monitor legislative proposals.
    a. Potential expansion of Denali KidCare
    b. Increase the percentage of eligibility to 200 percent of the poverty level
    c. Move towards continuous 12 month eligibility (does not need legislative approval). Consideration is being given to presenting this as a package that will mean any increase in eligibility, continuous eligibility and maybe some other things would come out in one package.
    d. Continuation of adult dental.

There was a brief discussion about the current dental plan and how will we know the adult dental program was a success. Deputy Commissioner Streur explained that although a skeptic when the program started because of the small amount of reimbursement and the number of people who would require full implant; he now feels they are seeing tremendous success. He acknowledged there are some bumps but looking at the overall effect is an indication of its success. Currently, there are only anecdotal stories but no hard data. The Department is looking at the general medical care before and after dental treatment to see what effect it has on the overall health of a patient.

NP Kiley suggested the Department gather hard data to look at effects of the program in order to request support from the legislature for continuation.

Commissioner Hogan suggested gathering anecdotal stories will also be important support for the program since one of the selling points was the effect it would have on people, especially those looking for a job.

Action Item: Committee members as well as Department staff should gather anecdotal stories that demonstrate how dental work has impacted a person's life. This information would supplement the hard data to be gathered by the Department.

Action Item: Sally will mail out a CD of this meeting including the missing 18 minutes when members on the teleconference were off line.

Action Item: The link for the Commissioner's 2009 Priorities
http://www.hss.state.ak.us/commissioner/PDF/2008_priorities.pdf

Old/New Business

1. **Medicaid Director's Report, Jerry Fuller, Project Director**
   - Provider notices went out that Affiliated Computer Systems (ACS) took over First Health Services Corp (FHSC) starting Nov. 1, 2008. There should be no down time for claims or anything else. As a provider, there should be no noticeable difference since the same people will be working there. FHSC is out of business with us. ACS, which is building the new MMIS, has put up a website available to anyone for questions or any information one might want.

Action Item: Distribute the link to the ACS website
http://www.alaskamedicaid.info/faq.html

   - The CMS regulations are still under moratorium by Congress. Nothing will happen with these until the new congress/administration. Along with the regulations is re-authorization of the SCHIP program and associated funding.
   - Expecting additional Federal HSS regulations dealing with Medicaid.

2. **Discussion of plans for Tok Site Visit – May 15th & 16th, 2009**

The committee strongly supported the plan to make the Tok site visit in May. Tok is approximately an 8 hour drive from Anchorage, 3 ½ from Fairbanks. Elizabeth and Renee expressed willingness to drive and take passengers. Other members expressed interest in either flying to Anchorage or Fairbanks and carpool with those who will be driving. Marie noted she may have a conflict with the planned dates.

Action Item: Members are encouraged to send an email to Sally with your preferred way to get to Tok.

3. **Guest speakers: Office of Children's Services (OCS) Erin Kinavey, Health Program Manager and Lisa Balivet, Public Health Specialist (works on data and monitoring the programs across the state).**

Speakers presented Early Intervention Program (EIP) update. Prior to the meeting Sally had distributed their handout - Caring for Infants and Toddlers with Disabilities.

Individuals with Disabilities Education Improvement Act (IDEIA) is Federal law:
- Part B -governs special education for children 3 to 21 years of age
- Part C - covers special education for infants to 3 years of age and their families
- They provide community and home based services i.e. occupational, physical and speech therapies.

- ✓ Eligibility is by diagnosis or significant delays in development. The most frequent diagnoses are Down syndrome, hearing impairment, complex seizure disorder, vision impairment, cleft palate. Significant delays in development – over 50% in one or more areas, clinical opinion, or at risk individuals.
- ✓ Autism is a diagnosis that is increasing.
- ✓ Over the past 3 years, they have served about 1800 kids/year; peaked last year at 1926 which was a 6.4% increase.
- ✓ About 75% of kids qualified because they had one of the diagnoses while 25 % met the risk factors.
- ✓ 60% of kids are Medicaid eligible. The program has initiated targeted case management.
- ✓ Currently undergoing a cost study to look at comprehensive services and perhaps additional Medicaid programs.
- ✓ Currently kids 0-3 have to meet 50% delay while kids at age 3 need to meet only 25% delay. The program is looking at this policy which may have Medicaid implications.
- ✓ It was noted that currently funding only allows the 50% level at 0-3 years. There may be a proposal for funding to bring that down to the 25% level. Currently funding keeps it at this level.
- ✓ The EIP has been in Alaska since the mid 1980s.
- ✓ Child Abuse Prevention & Treatment Act Law (CAPTA) enacted in 2003. Requires every child under the age of 3 with a substantiated report of harm get referred to Part C intervention to get a screening or an evaluation. Indication are that children under the age of 3 who have been abused have worse outcomes, typically need special education or have more developmental delays. Funding has been a problem, so they spend quite a bit of resources responding to these referrals. These have increased from 168 in child protection in 2003 to 630 last year. There is significant cost to respond to those screenings. There are more children who need this service but are not served due to lack of resources. Some places have Early HeadStart and that's a possibility. Some kids are re-screened until they are eligible. The program needs resources to service these kids earlier.

Social and Emotional Information

- ✓ About 50% of children have 15 to 49% emotional delays
- ✓ 12 % are eligible with greater than 50% emotional delays
- ✓ The program is currently working with Behavioral Health to look at the regulations and increase provider capacity. There are not many providers comfortable providing behavioral health services to young children.
- ✓ Also working with the Early Childhood Comprehensive Systems (ECCS) program.
- ✓ This is a bigger issue than people are aware of. This is a work in progress.

Work in progress

- ✓ Draft regulations moving to the Department of Law for review. They recommend an eligibility change; but this will be dependent on a fiscal note and the commitment through this legislative session.
- ✓ Looking at increasing personnel standards. They want to explore delivery of developmental therapy, but need to be sure to meet the personnel qualifications. They are working with Medicaid on this.
- ✓ Developing an outcomes data collection that records significant areas of development i.e. social and emotional development, knowledge/cognition and getting needs met. Also collecting data on family outcomes.

What can MCAC do?

Ms. Kinavey simply wanted to give the Committee a primer; to share information and perhaps in 6-12 months may ask for additional support. Basically this presentation was simply to let the MCAC know what this program does. Currently they are hiring a research analyst that will do a study to analyze the effectiveness of the different levels of the program.

Jerry Fuller commented about the Assuring Better Child Development (ABCD) project that was set up to work with pediatric providers encouraging the use of a standardized screening tool that would identify more children earlier. Although the ABCD project has concluded, the Department is looking at options to expand this to other pediatric groups, Indian Health Service, family practice, nurse practitioners or whoever might be able to identify these kids earlier.

Action Item: Sally to send a copy of the PowerPoint presentation and brochures to Committee members.

Action Item: Schedule a follow up report by Ms. Kinavey in about 6-8 months.

4. Report by Marie Darlin regarding AARP meeting

1. Provided the MCAC Recommendations to the Commissioner to the participants of the meeting. They noted that some of the MCAC recommendations relate to issues the AARP intend to bring to the next legislative session. One of the main things is the long term care fiscal policy and creation of the health care commission.
2. AARP will be supporting the Denali KidCare (DKC). It was noted that many AARP members are grandparents who have the responsibility of looking after their grandchildren and DKC is an important issue for them
3. Members think the 35% increase in the Medicare rates scheduled for January for Alaska might help some, but they are going to be watching the response

Dr. Turgeon mentioned that in her experience, providers are still refusing to participate in Medicare and the situation is not getting better. There has not been a noticeable change of opinion since notification of the 35% provider fee schedule rate increase. This is a wait and see situation. In order to make ends meet with the low reimbursement, providers feel the need to see more patients. Medicare patients often have intense medical needs; require more work and time to give good care. There may be a reduction in quality because the provider has to see more to make ends meet. It was also pointed out the by participating in Medicare, providers increase their potential exposure to audits. Dr. Turgeon suggested consideration of alternative benefits to providers other than rate increase i.e. allow secondary insurance to kick in, allow the patients to pay for the services or consider a tax break for the write off providers have to do for Medicare patients.

One aspect that many people don't realize till they are on Medicare is that even if you have insurance, Medicare becomes primary, the first payer. Secondary insurance becomes worthless. This relates to state and federal employees who retire and think they have insurance until they learn Medicare is the primary. This actually adds several more million to the ranks of uninsured. This is an example where insurance does not equate to access. Having insurance does not necessarily equate to getting care.

Jerry encouraged MCAC members and AARP members to keep their eye on this provider rate increase. He noted it was a critical step for Senator Stevens to try to improve access to care for elderly Alaskans. It will be important to monitor this situation and gather data so that if it is not working, it can be brought to the attention of the Alaska delegation and start pursuing relief; not necessarily rates, perhaps a statutory change that would allow providers to accept the secondary payer. Alaska is not the only state that has this problem, but we may have it worse than most states. The hope is there can be a way to work with providers to make this bearable. In Anchorage there is a very limited number of Medicare providers that includes a few nurse practitioners and the Providence Family Practice.

5. Discussion of Senior and Disabilities Services (SDS) Program issues

Discussion was initiated regarding information presented by Rebecca Hilgendorf from the Senior & Disabilities Services (SDS) as presented at the October 3rd meeting. Members had reviewed information regarding SDS services and the fraud/abuse issue. Dr. Turgeon noted her concern about the definition of who can provide PCA services. Currently, it is really broad especially concerning

the definition of an immediate family member. She noted it should be brought to the attention of SDS that this needs to be explored and perhaps clarified. Dr. Turgeon has several people who pay their daughters to take care of them and it qualifies as a PCA. She recommends a review of the current policies to ensure cost savings. Karen Sidell noted the importance of looking at the whole scope because in the villages it is very difficult to find people to assist and sometimes it is only family members who are the people who can help. It was noted that perhaps we need to suggest the policy be changed/clarified that immediate family members are ok. The policy should be consistent i.e. instead of saying they're not allowed, perhaps to say they need to get a waiver.

Elizabeth noted she provides services for a very large Russian family who only have green cards and the state is paying for their family members to take care of their family. They literally say they figured out how to work the system. She feels this is an issue that should be addressed. The important note is to make policies consistent.

Mark Walker mentioned situations as describe by Dr. Turgeon undermine the credibility of the whole program. Opportunities for glaring abuse undermine the potential for the service for everybody.

NP Kiley noted that Rebecca's message included information regarding the hotline used to report Medicaid fraud that goes into detail about what the providers do to defraud Medicaid but doesn't talk about the abuse that comes from patients. A significant amount of Medicaid money is lost to patient fraud/abuse. Perhaps we need to make a generic recommendation that policies be reviewed for consistency across the state so despite unique situations, everyone is treated equally. Also to be considered is the use of the terms misuse and abuse and not necessarily fraud which has become a common term used when sometimes there may be simple, unintentional mistake. This may be a consideration for recommendation to that department next August. It was agreed that a phone number should be made widely distributed to be available for anyone to report suspected misuse/abuse by either patients or providers. There is an 800# on the FHSC website to do so but providers noted that it is not easy to find.

Action Item: Sally will present a request to add additional links on the Department's website to lead to the 800# for providers to offer concerns/complaints or to report potential misuse/abuse.

The committee's focus is the concern to maintain consistent policies, specifically PCA waiver for family members; as well as misuse and abuse by patients and providers. Noting this basically opens up the concern about undermining the system that hurts the broader cost. John Bringhurst noted the cost of the PCA waiver program has spiraled beyond anybody's imagination because of so many loopholes and ways that we are spending money that perhaps we don't need to. It was also noted that providers often have to deal with patients with bogus complaints who come to their office to make requests for services, specifically drug. Incredible amounts of resources are wasted from multiple provider offices.

Dr. Turgeon tied this in to the medical home model. She stressed the importance of education for providers and patients regarding benefits of the medical home that has potential to stop some of the misuse. NP Kiley suggested members monitor the medical home (patient centered care) model that fits in with disease management, cost containment, and prevention. This model is forward thinking.

6. Public Comment:

Opened at 11:30 a.m.; closed @ 12:00 noon. None received

7. Additional Discussion

- **Strategic planning**

  Deputy Commissioner Streur recommended the February meeting be used as a planning session using a navigational plan developed in previous years for MCAC strategic planning. Members expressed interest in participating in a session to set forth a plan and outline the goals and

objectives to offer direction so members have a good understanding of their roles. Considering teleconference and time constraints members strongly urged members us the February meeting as a pre-planning meeting. The importance of the Committee meeting face to face especially for this type of meeting was emphasized. Members noted there is a significant impact with face to face meetings versus teleconference. The planning meeting needs to be done face to face with an allowance for adequate time. It is recommended the actual strategic planning be done during a scheduled face to face meeting. This potentially could happen at the site visit to Tok.

Marie remarked over her 8 plus years on MCAC, she has seen considerable improvement on the Committee and the communication with the Department. However, despite the fact the Committee has accomplished a great deal, there still is room for improvement. With new members on the Committee and considering changes continually happening as well as a change with new Commissioner's expectations, the Committee feels this is an opportune time to do some strategic planning.

Jerry mentioned the purpose of the Committee. Within federal statute, this Committee is a required advisory committee to the Medicaid program. Historically, the committee's recommendations have resulted in changes in practice, program budget, etc. The Medicaid program is very broad and the biggest concern for the Committee is to grasp all the issues involved. He noted the committee is advisory to the Commissioner. Members need to be aware of the issues and bring recommendations to the Department. Generally, the Committee has good sensible advice and is important to the Commissioner.

- **Contact with FHSC**

  Catriona noted the provider hotline 800 # still provides outdated information regarding NPI. The same lengthy message has been on the 800# for almost 2years. Providers have to listen to the entire message before they can be connected to their requested party. Not only is the message is entirely too long, it is outdated.

  It was noted FHSC messages should change with the takeover by ACS. However, provider members are encouraged to go to the ACS website (http://www.alaskamedicaid.info/faq.html) and put their comments in the FAQ section to document their comments.

Schedule for next meeting

Next meeting will be Friday, February 6th @ 9AM to noon via teleconference. There will be a change the meeting room to the Anchorage Business Park – Building L, Video conference room.

Meeting was adjourned at 12 Noon.