Summary Minutes: Medical Care Advisory Committee
November 6 and 7, 2009
Hilton Garden Inn, Anchorage, Alaska

November 6, 2009

Members/Medicaid Program members present: Deborah Kiley, DNP, Chair; John Bringhurst; Amber Doyle; Jerry Fuller; Catriona Lowe; Mike Moriarty, DDS; Karen Sidell; Tracy Smith; Renee Stoll, RPh; Bill Streur; Elizabeth Turgeon, MD; Mark Walker. MCAC staff present: Nancy Cornwell.

Introductions/Announcements

Approval of Minutes
Draft minutes of August 14, 2009 meeting were approved as presented.

Election of Officers: Chair and Vice Chair
(In August 2009, Deb Kiley was elected chair for CY 2010.) There was unanimous agreement that Tracy Smith would serve as Vice Chair for CY 2010.

Kim Smart, DHSS Project Coordinator for DSDS, addressed Alaska's Home and Community-based waivers, CMS finding, and AK Medicaid's response.
Kim addressed four questions from the MCAC: (1) Why did CMS put a moratorium on SDS wavier programs? (2) How did the Medicaid program respond? (3) Why did CMS lift the moratorium? (4) Why has this meant to Medicaid patients and providers? Kim presentation slides are in Attachment 1. The committee discussed making recommendations on the waiver and PCA programs (but did not develop any during this meeting).

Faith Allard, ADHSS, DHCS, Health Planning made a presentation on the new provider type "Frontier Extended Stay Clinics. Faith's presentation slides are in Attachment 2.

Public Comments

Dave Logan, a dentist in Juneau, told the committee about a recent meeting with Senator Thomas, the Rasmussen Foundation, and others. Issues identified included: (1) recipients missing appointments; (2) drug-seeking patients; (3) dental reimbursement rates; (4) claim processing errors; (5) is it possible to increase (regional) reimbursement rates (with the hope of decreasing the need to travel patients); (6) denial of services after treatment was started; (7) Medicaid recipients with other third-party coverage; (8) the need for uniform answers from ACS and Medicaid; (9) dentists do not arrange travel for recipients; (10) number of, types of audits possible under Medicaid; (11) is the prior authorization process meeting the goal of the program?; (12) the annual limit for adult dental care; and (13) proposed legislation from Senator Ellis.

Pat Chapman, a consumer from Ketchikan has daughter with a Traumatic Brain Injury (TBI). The existing Medicaid waiver programs do not cover the services unique to individuals with TBI. Pat requested a waiver for TBI be pursued. (Karen Sidell requested information on TBI waivers.)

Rochelle, who works for a billing agency, expressed the following complaints about Medicaid recipients: (1) refuse to make co-payments; (2) late arrival for appointments; (3) yelling at (medical) office staff; (4) complaints about Medicaid staff; (5) refusal to pay "no-show" fees; (6) Medicaid pays for their cell phone?; (7) they lose Medicaid if they don't spend their PFD in one month, is that true?; and, (8) recipients have "entitlement" attitude. Providers are increasingly unwilling to take Medicaid recipients. What can be done about these bad behaviors? Some of these people need to be weeded out.

Jay Marley*,* a dentist in Homer, reported that few private dentists in Homer see Medicaid patients because of the low reimbursement rates and, the paperwork requirements are prohibitive. Dr. Marley objected that the federal government built clinics in Homer and they now compete with private clinics for fee-for-service patients. As a result, other private dentists in Homer have openings in their schedules. Low Medicaid reimbursement rates make providers double or triple book their patients or find other ways to breakeven. Medicaid recipients have high no-show rates. When they do show up, they are well-off enough to go on vacations to Disneyland. They drive new vehicles. Only 20 – 30 percent of the people on Denali KidCare truly need it.

Mike Jonakence, from Healy, has a TBI. Mike was run-over when he was on his bicycle on the highway. He is now 57 years old but with 20 year old mental capabilities. Mike has received the services he needed and now is on disability retirement from the (Denali) National Park Service. Mike asked for the committee to support a TBI program.

Terry Hamm, Long-Term Care Coordinator for ADHSS Division of Public Assistance, made a presentation on Medicaid Recipient Enrollment Trends and Issues. Terry addressed the following questions: "What are the trends in Medicaid enrollment? How long does it take to get a recipient enrolled?" Is there a backlog of children that need to be enrolled?" What are the applicant's responsibilities in the application and renewal processes?"Terry's presentation slides are in Attachment 3.

There was extensive discussion among members about experiences they have had with Medicaid recipients who appear to have adequate resources (and seen not to need Medicaid benefits). Members voiced concerns that these few often frustrate providers to such a degree that they quit taking ANY Medicaid recipients. Terry explained that Denali KidCare (DKC) does not have a resource limit and as such, the parents of these children may have some assets and appear to be reasonably well off.

Responding to a question about Medicaid coverage for persons with a Traumatic Brain Injuries (TBI), Terry explained that to qualify for the ICF/MR (Intermediate Care Facility for the Mental Retarded) waiver, the disability onset must be before age 22 and include a diagnosis of autism, cerebral palsy, seizure disorder, mental retardation (317 – 319 of the DSM code), or "other mental retardation" condition. And if a TBI patient has an IQ over 75, they won't fit into "other mental retardation" category. Or if the TBI patient has physical disabilities as well as TBI, they may quality under the Adults with Physical Disabilities. Under current criteria, many TBI patients do not meet the criteria for existing waivers. Alaska Medicaid will have to submit a new waiver application to CMS (for TBI) or modify an existing wavier. Bill Streur indicated that the Medicaid program is looking into a TBI program.

Nancy Cornwell, DHSC, reviewed the Medicaid program's efforts to influence recipient compliance. Her summary is in Attachment 4. Bill Streur stated that the Recipient Handbook is out-of-date but staff is working on it now. Nancy reported that 82 recipients are currently in the Care Management Program (CMP), formerly the Lock-in Program.

(Although this next item was on the agenda for November 7), Nancy Cornwell demonstrated how to get certain information on the Health Care Services' and Alaska Medicaid/Affiliated Computer Services' (ACS is Alaska Medicaid's fiscal agent) websites including the provider hotline phone number, billing manuals, trainings (including webcasts), and other information. Nancy also mentioned that enrolled dentists are posted on the Denali KidCare (DKC) webpage. Nancy distributed a Center for Health Care Strategies issue brief on "State approaches to consumer direction in Medicaid" (July 2007).

The committee discussed how providers get information about the Care Management Program (PCM) and some were eager to get some of their patients enrolled.

Bill Streur defended current efforts including $100,000 per month for a provider and recipient hotlines, provider enrollment, and other fiscal agent services. In 2007, Medicaid asked providers for email addresses and only 5 percent responded. Bill noted that during provider re-enrollment, email addresses will be a required field. Bill also mentioned a key staff has been hired at ACS to redesign provider trainings.

Elizabeth Turgeon suggested a "drug rep-like" visit by a Medicaid representative to individual providers (not their billing staff). Mike Moriarty suggested Medicaid staff meet at least annually with professional health associations.

Deb Kiley suggested the committee "develop specific recommendations for the department to enhance communications with providers," (see Desired Outcome #6 in draft plan) and that committee work on recommendations between now and

the spring meeting. The committee would like the website to include enrolled providers by provider type and their geographical location. Elizabeth Turgeon suggested that the committee recommend the recipient handbook be updated.

Deb Kiley indicated the committee may complete Desired Outcomes #5 and #6 by the next meeting.

Bill Streur, Deputy Commissioner for Medicaid and Health Policy, presented the "Alaska Healthcare Roadmap." Bill's presentation slides are in Attachment 5. He confirmed the implementation date for the new MMIS will be July 1, 2011. In the meantime, he will try to implement some elements not dependent on the new MMIS like the web-based provider enrollment system and automated prior authorizations. Bill hopes to pursue a medical home program in the next year by engaging some of the community health centers in a pilot program. Bill was also encouraged to consider private providers.

Wrap Up for the day.

Deb Kiley asked if there is a net-based collaboration tool the committee could use and Bill Streur said he and Nancy Cornwell would look into what might be available through ACS.

November 7, 2009

Shelley Hughes, Alaska Primary Care Association's (APCA) Government Affairs Director, was to speak on "Medicaid and APCA's partner for improvements." The telephone system was down so the presentation was postponed.

Schedule next committee meetings. For their next 2 face-to-face meeting, the committee agreed to meet in Dillingham and in Aniak with the caveat that if Aniak is too difficult logistically, then the committee will meet in Kotzebue. Five (5) dates were identified for a May (2-day) and an August/September (2-day) meeting. An availability sheet was passed around. Nancy Cornwell will work to narrow now the dates and locations of these meetings.

Dr. Thomas Hunt, MD, Medical Director, Anchorage Neighborhood Health Center (ANHC). ANHC is the largest FQHC (Federally Qualified Health Center) in Alaska, has an $11 M budget, and 12,000 patients. ANHC receives a cost-based encounter rate for each Medicaid visit, approximately $200. "On-site pharmacy (bill for medications separately), lab, x-ray, and case management" are costs included in Medicaid encounter rate. Medicaid patients are about 25 percent of the case load, about 20 percent of visits, and 20 percent of ANHC's revenues. About half of ANHC's patients are uninsured but only represent a third of the patient visits. As a FQHC, ANHC is eligible for federal torts claim act coverage and is a real "cost-saver."

ANHC is considered to be a "medical home" because of continuity of care provided. ANHC has disease-specific case managers and is trying to have more "generalist case managers," not always social workers, but Physician or Medical Assistants. FQHCs are only paid when they see the patients face-to-face and it limits innovations in chronic care management, the core of ANHC's business. Dr. Hunt encouraged the committee to think about making reimbursement recommendations that support the "chronic care" model.

In order to retain clinicians, ANHC lets them determine their case load. All clinician appointments are scheduled for 20 minutes. Clinicians are paid a base salary plus production (RVUs) and as such, the clinicians also determine their own salary. ANHC has a 22 - 25 percent no-show rate which a big problem. They attempted to reduce it using common approaches but were unsuccessful. As a safety net provider, Dr. Hunt does not think clients can be turned away. They have now put in place an "open access system." If a patient misses 3 appointments in a year, they are restricted to "alternative access" which means they can come on Thursday afternoons to be seen on a "first come, first served" basis. About 350 patients are recidivist no-show patients. They alternative access policy has helped quite a bit. They have a 45 percent no-show rate for first time patients.

Dr. Hunt described a significant caseload of drug addicts. He and Deb Kiley worked with providers to get state legislation for Prescription Drug Monitoring (computer software) that ultimately will be available to all providers in Alaska. In recent years, ANHC has stopped providing "pain management" and focused on primary care. ANHC provides mental health services and employs 1.5 psychiatric nurse practitioners and a psychologist. ANHC has tried to work with the community mental health center but they have limited their treatment of non-resourced patients to 20 percent. Dr. Hunt said "Medicaid has problems with mental health providers." No psychiatrists in Anchorage are taking new Medicaid patients. Medicaid reimburses services provided by psychiatric nurse practitioners, Licensed Clinical Social Workers, and PhD psychologists, and Licensed Psychological Counselors but the later are limited to only testing. The Licensed Psychological Counselors are now earning degrees from the University of Alaska. Deb Kiley asked Dr. Hunt to get information on the impact on ANHC of this Medicaid policy and he agreed to do so. It was noted that the Medicaid restriction is on FQHCs and not other provider types. Bill Streur interjected that Medicaid is actively working on this and that it requires a regulation change, not legislation.

Dr. Hunt noted that legal immigrants are ineligible for Medicaid if they have been in the US less than 5 years. Bill Streur asked Dr. Hunt for any information on the impact. Dr. Hunt said it would be useful to have a (Medicaid) eligibility case worker on site at ANHC. The department has indicated there are insufficient resources to do so. Dr. Hunt explained that some of his grants require an individual to first be denied coverage by Medicaid before ANHC can use other (grant) funds for their care.

Elizabeth Turgeon asked if it would be a good idea if private providers pulled out of the Medicaid program. Dr. Hunt responded that several additional large clinics would have to be built.

Asked for his top 3 priorities, Dr. Hunt named:
1. Expanded behavioral health so that it can be provided on-site.
2. Cover inter-conception birth control. Recipients lose Medicaid coverage between the births of their children and it would be a good idea to offer family planning services between births.
3. Prevent hospitalizations through case management of high risk individuals.

Dr. Hunt remarked that working with Medicaid is better than working with any other third party payers.

Public Comments

On behalf of Roberta Uhl, travel coordinator for Al Aska Shriners, member Tracy Smith presented Roberta's questions: (1) if eligibility is good for one year, why must approval for travel be obtained each month? (2) why is travel eligibility approved the last week of the month? (3) Why can't patients who are admitted for surgery at the end of the month get round trip tickets? Bill Streur confirmed that travel is typically approved during the last week of the month for the proceeding travel month because some recipients' eligibility is determined during that last week of the month. Nancy Cornwell explained that she had recently spoken with Jeri Powers, the travel program manager at HCS and Jeri confirmed that ACS was now able to approve travel (for children) further out because of the change to 12- month continuous eligibility (for children). Bill explained that he would get with the operations and travel managers and get a written response back to Roberta and the committee.

Susan Walker is a parent of a 20 year old daughter with a traumatic brain injury (TBI). She was injured 3 years ago and at that time their daughter was not eligible for Medicaid. The family had medical coverage but it only covered 3 weeks in an Anchorage hospital. Susan urged the committee to do what they could to provide Medicaid coverage for TBI.

Lisa Cooney, a primary care physician in Alaska for 12 years, shared some frustrations with the committee. (1) When the family requests more personal care hours, Lisa believes the family should also contribute more hours; also, some Personal Care Attendants (PCAs) are living with recipients. (2) As a hospitalist, patients with acute injuries need personal care services upon discharge and the request moves too slowly through the assessment/authorization process. (3) There is a need for a standard patient satisfaction form, a conflict of interest arises when some care coordinators authorize unnecessary Durable Medical Equipment (DME), and the physician is the bad guy when they determine the DME is not necessary. (4) Could there be a central warehouse for DME that can be reused/recycled? (5) Lisa has noticed some patients that have recently arrived in Alaska (from outside) and when she asked why they moved, their answer was "you have better services here." Why does Alaska not have a Medicaid residency requirement? (6) Lisa suggested that the State take existing funds and build Medicaid outpatient facilities.

Frank Box, works for Access Alaska, and runs a DME closet that recycles DME. Frank worked as a welder in Prudhoe Bay. He had 2 episodes of brain cancer; his last chemo treatment was in 2000. After that, Frank had a TBI. He joined the Head Injury Support group. For 2 years, he worked with a gifted speech/language pathologist. Several years later Frank was hired by Access Alaska. He was paralyzed on one side. In 2008, Frank was awarded the "2008 Direct Services Provider" of the year in the area of TBI." Frank consulted with the UAA Center for Human Development on a "TBI 101" course which was available through distance education (and is now available through the Prince William Sound community college) so that people can use resources in their own communities more successfully. He was denied Social Security Disability Insurance 3 times. A TBI waiver for Medicaid is necessary. He explained that TBI patients can recover but there must be services that enable the patient to re-learn many skills and abilities.

Richard Warrington, from Kenai, was interested in a TBI waiver.

Jerry Fuller stated that the state and the TBI community need to work on defining the services beyond acute care therapy.

Election of Officers. Deb Kiley reminded the committee of their intent to have the Vice Chair work with the Chair in preparation for becoming Chair. Tracy Smith was unanimously elected as Vice Chair.

There are 2 vacancies on the MCAC, a senior consumer and a second consumer. Nancy Cornwell will follow-up on some suggestions.

Renee Stoll, RPh, (MCAC member), (speaking on the behalf of) Alaska Pharmacists Association. Renee referred the committee to the Alaska Pharmacists Association written statement.

The pharmacy association requests the committee and the Medicaid program recognize that pharmacists are now underutilized and could provide "medication therapy management services" (MTMS). MTMS offers face-to-face patient assessment and intervention. MTMS includes the review of the pertinent patient history, medication profile (RX and OTC), and recommendations for improving health outcomes and treatment compliance. There are now CPT codes that pharmacists can use for third-party reimbursement claims.

Renee Stoll described what MTMS looks like in 5 health care settings. Some commercial plans are already paying for MTMS. Renee provided several handouts (see Attachment 6) describing some MTMS pilot studies. While MTMS creates a new cost (payment to the pharmacist) several studies have shown that total expenses go down. The pharmacy association wants Medicaid to develop a comprehensive MTMS program.

The committee requested the Medicaid program look into the feasibility of a MTMS program and report back to the committee.

Medicaid Program Briefing, Jerry Fuller, HCS Project Director, provided information on federal health reform legislation before Congress. He distributed a handout covering much of his presentation (see Attachment 7).

There is a single bill from the House and two from the Senate. The legislation will continue to change as Congress works toward its goal of passing legislation before the end of the year. Jerry reported that under all bills, Medicaid will expand to cover all persons (except undocumented immigrants) up to 133 percent OR 150 percent of the Federal Poverty Level (FPL). As far as Jerry can determine, none of the bills include 100% federal match for Alaska Natives in these new eligibility groups. Under the House bill, the federal governments will initially cover 100 percent of the cost for expanding eligibility and then drop down to 91 percent federal funds (and 9 percent State matching funds). The bills include Medicaid coverage for preventive services like colonoscopy screenings.

Jerry reported on the results of Alaska Medicaid's Payment Error Rate Measurement (PERM) project and Alaska's exemplary results. He listed other fraud and abuse activities/programs in Alaska Medicaid, most of which are required by the federal government. It is likely that new federal legislation will increase fraud and abuse activities.

Dr. Moriarty asked "why are dentists not eligible, as front-line providers, to get the H1N1 immunizations? Jerry agreed to check with the Division of Public Health. Elizabeth Turgeon asked can the schools require 2 varicella vaccinations and when the (second) doses are not available.

Medicaid Program Briefing, Bill Streur, Deputy Commissioner for Medicaid and Health Policy, reported that Governor Parnell supports expanding Denali KidCare to 200 percent of the FPL with no co-pays, deductibles, or premium sharing. Bill explained that the existing MMIS cannot process cost-sharing (listed above) and claims with cost-sharing would have to be manually processed. When asked what are the "administrative costs" (overhead) for the Medicaid program, Bill indicated about 10 percent.

Bill Streur reported that Medicaid will now cover immunizations for adults.

In response to the MCAC's interest in how well the Medicaid agency is performing its function, Bill Streur reported on 3 performance indicators: (1) average days from (data) entry to claims paid, (2) percent adjudicated claims with no provider errors, and (3) the top 10 reasons for denied payments (See Attachment 8). Bill acknowledged that there have been some significant problems with the fiscal agent operations including the transfer from First Health Services Corporation to Affiliated Computer Services. Some key staff has been replaced. Bill noted that 90 percent of electronic claims are accurate the first time submitted while only 60 percent of paper claims go through on first submission.

The MIP (Medicaid Integrity Program), a federal initiative, will be implemented this coming year.

Wrap-Up

Several members offered specific suggestions to revising the MCAC work plan. In response, Deb Kiley suggested that she and Nancy Cornwell work on the plan with this input, and distribute a revised version for the committee to review and make recommend changes.

Elizabeth Turgeon stated that from this meeting, there are mechanisms in place addressing many of the committee's concerns about how well the Medicaid agency is functioning. She shared that it seems that Medicaid operations are being audited and reviewed at many levels. She noted that issues the committee had, for example the backlog, have been addressed.

Mike Moriarty indicated that he wants information on the stimulus funds available to help individual hospitals and medical offices set up their own electronic records. Mike would like to share the information with the Kenai Peninsula dentists and the state dental association.

Elizabeth Turgeon voiced interest in working with the Medicaid program to empower clinicians to take charge of their patients' needs, to pilot case managers in clinics (not necessary to be on-site) to come up with an Alaskan medical home (model).

Deb Kiley confirmed that the next meeting will be January 15, 2010, 9:00 – 10:30, by teleconference.

Attachments:
1. Kim Smart, DHSS Project Coordinator for SCS, addressed the Alaska's Home and Community-based waivers, CMS finding, and AK Medicaid's response.
2. Faith Allard, ADHSS, HCS, Health Planning made a presentation on the new provider type "Frontier Extended Stay Clinics.
3. Terry Hamm, Long-Term Care Coordinator for ADHSS Division of Public Assistance, made a presentation on Medicaid Recipient Enrollment Trends and Issues.
4. Summary of existing Medicaid program efforts to influence recipient compliance. Nancy Cornwell, DHCS.
5. Bill Streur, Deputy Commissioner for Medicaid and Health Policy, presented the "Alaska Healthcare Roadmap."
6. Renee Stoll, RPh, (MCAC member), (speaking on the behalf of) Alaska Pharmacists Association, presented information on Medications Therapy Management Services.
7. Information on federal health reform legislation before Congress (Affordable Healthcare for America Act)
8. Performance indicators: Average days from (data) entry to claims paid; percent adjudicated claims with no provider error; and the top 10 reasons for denied payments.