Summary Minutes: Medical Care Advisory Committee
February 26, 2010, 9:00 – 10:30 AM
By teleconference

Members/Medicaid Program officials present: Deborah Kiley, DNP, Chair; John Bringhurst; Catriona Lowe; Mike Moriarty, DDS; Kimberli Poppe-Smith, HCS Director; Tracy Charles-Smith; Lorilyn Swanson; Mark Walker. MCAC staff present: Nancy Cornwell.

Welcome and Introductions. New member Lorilyn Swanson from Juneau and the director of Health Care Services Kimberli Poppe-Smart were introduced

Approval of Minutes. Draft minutes of January 15, 2010, meeting were approved as presented.

Follow-up on issues from November 6 & 7, 2009, meeting. Deb noted the 2 issues were (1) update on national health care reform and (2) update on travel authorization. Documents were distributed and there was no further discussion.

Other announcements. The committee still needs an adult consumer member.

MCAC Work Plan. Deb Kiley, DNP, explained that she collected comments and recommendations from members and summarized them for discussion (at this meeting).

The committee discussed the possibility of making budget recommendations to the commissioner, specifically that they need to be made before the department begins it budget development process. Kim presented a one-page document prepared by Bill Streur entitled "Bending the Medicaid Spending Curve." Kim suggested the committee review the document and discuss it at the next meeting. Kim also suggested that the committee think about having a "hot topics" meeting in January, prior to the legislative session. (Nancy Cornwell was asked to distribute Bill Streur's document to members after the meeting.)

Catriona Lowe noted that she has information on how states have saved funding by implementing a family planning waiver.

Members discussed the dramatic increase in the number of Alaskans eligible for Medicaid as well as the escalation in Medicaid costs.

<u>Desired Outcome #1: Improve the quality of services provided</u>

Deb reminded the committee of the Alaska Pharmacists Association's recommendation (presented by MCAC member Renee Stoll, RPh, at the November 2009 meeting) on the implementation of a Medications Therapy Management (MTM) program for Alaska Medicaid. Renee has requested that MTM be included in any medical home recommendation the committee might make. The committee decided this issue needed more discussion. (Nancy will check with Dave Campana, Medicaid pharmacist, to see if he has prepared a response to a possible recommendation.)

A report from National Public Radio's Marketplace" was discussed on "academic detailing." Provider offices are visited by staff with skills similar to pharmaceutical representatives and provide evidence-based research on the effectiveness of pharmaceuticals. (The MCAC had previously considered similar "marketing" approaches in which Medicaid experts visit providers and help them understand the Medicaid program.) The committee agreed to recommend to Commissioner Bill Hogan and Deputy Commissioner Bill Streur "the department consider a pilot "academic detailing" program in which staff who could efficiently explain Medicaid rules and policies would visit provider offices and help them better understand the Medicaid program" (unanimously supported).

Tracy Charles-Smith described some cost-effective and uniquely Alaskan solutions to the shortage of health care and specialty providers (in Fairbanks). Deb asked Tracy to write up the notes from the Fairbanks meeting and share them with the committee.

Outcome #2: Optimize the array of services

The committee discussed that Alaska Medicaid does not have presumptive eligibility for pregnant women, nor does the program cover childbirth and infant care education services. Catriona commented that it is very easy for pregnant women to apply for Denali KidCare (DKC) and if the mother is covered at the birth of the child, the child is automatically eligible for DKC for one year. The committee tabled further discussion until MCAC member Elizabeth Turgeon, MD, is present. Nancy said she would look into whether pregnant women can be granted eligibility retrospectively.

Kim mentioned that there are several bills that will enhance loan repayment for health care professionals.

Desired Outcome #3: Medicaid program staff understand recipient and provider issues and their responsibilities

Deb reported that she did not receive any comments for this outcome.

Desired Outcome #4: Processes streamlined, administrative efficiencies realized

Deb described a current practice when a prescribed drug is not on the Medicaid program's Preferred Drug List (PDL). The PDL can be overridden if the pharmacy obtains "medically necessary" documentation from the provider for the patient. The process takes considerable time on the part of the dispensing pharmacy, the prescriber, and the patient. Some providers are now preprinting "medically necessary" on all prescriptions making it hard to see the benefit of the process. It was suggested that the program scrap this policy until the new MMIS is online and can offer a better process to manage drug choice. Deb suggested the committee postpone further discussion on this until the next meeting when Renee is present. (Nancy will check on this matter with Dave Campana.)

Desired Outcome #5: Recipients understand the program and their responsibilities

The committee discussed the idea of the program issuing an Explanation of Benefits (EoBs) to recipients so they can see the (Medicaid) cost of the care they receive. The cost of producing and sending the EoBs may be significant. Catriona mentioned that the clinic she works is required under Title X to tell patients the cost of the services they receive. Catriona sees this as having a positive impact. (Nancy will contact Catriona to get more information on how Title X does this and she will also look into how Medicaid providers might share this information with recipients.) Mike Moriarty, DDS, mentioned that he routinely provides this information to Medicaid clients and it has a positive impact.

Deb noted the suggestion of offering online interactive forums for recipients. She asked Kim/Nancy to determine if it is possible and if the forums would be moderated.

Next, the committee considered case management for high risk or socially or medically complex patients and if Medicaid could assign case managers could be assigned to work a specific amount of time in a specified provider office. Deb noted that this approach is substantially different from the current Qualis case management.

Desired Outcome #6: Providers understand the Medicaid program and their responsibilities and how to get information

The committee previously discussed MTM and academic detailing under Option #1. Online forums and case managers were discussed under Outcome #5.

Issues from recent meeting of Kenai Peninsula meeting. Mike described a meeting with Kenai Peninsula dentists during which the most common issues like broken appointments, fees not paid by Medicaid, etc., came up, but also some myths and misunderstanding of Medicaid were discussed. Mike reported that some participants have misunderstanding about Medicaid rules like "if you see one Medicaid client, you have to see all Medicaid recipients." Brad Whistler, the State's Oral Health officer has sent out a request to dentists to keep a log of broken appointments so that the extensiveness of the no-show problem can be documented. Mike suggested it would be nice to have someone from the Medicaid office go to the dental meetings and make presentations on what you can and cannot be done. He suggested (to Nancy) putting something in dental association newsletter on "Medicaid myths." Mike described a provider training that First Health (the previous fiscal agent for the Medicaid program) conducted several years ago that Mike's office staff attended. At that meeting, the trainers stated that "if you see one Medicaid patient, you have to see them all." Mike keeps

telling his colleagues that they are okay as long as they treat Medicaid clients like they treat their non-Medicaid patients. Mike voiced concern that the effect of these myths is unhappy dentists are discouraging new dentists from taking Medicaid clients.

Agenda Items for Dillingham meeting (May 7 and 8). Due to the limited seats on the few flights in and out of Dillingham, Deb urged members to be flexible regarding travel plans and the agenda. She suggested that the committee meeting would likely begin at 8 AM on Friday and continue all day and start again on Saturday at 8 AM so that at least some members who have to get back to Anchorage could get on the noon flight (from Dillingham to Anchorage). Nancy is going to send out options for travel and Deb asked members reply as quickly as possible.

The committee reviewed a list of possible agenda items. Kim, who once lived in Dillingham, commented there is one large provider group in the region, the Bristol Bay Area Health Corporation, and they provide outpatient medical, dental, critical access hospital, pharmacy, telehealth, and Community Health Aide (CHA) services. There is also one private dentist who periodically offers services in Dillingham and one private nurse practitioner.

In response to a question about whether there is a smaller village clinic that the committee could visit (without getting on a plane), Kim said we would have to look into whether the Aleknaqik clinic would be open or even if the committee could get to it by road/boat on those dates. Deb asked how important is it to the group to visit a CHA clinic? Tracy and Deb voiced interest in visiting the CHA clinic. Nancy suggested that some members might be able to go to the clinic on Saturday afternoon after members who have to get back to Anchorage on the noon flight have left. Mike suggested we invite the CHAs to our meeting.

Deb assured the committee there would be time to work on their work plan and take public comments.