

**Summary Minutes: Medical Care Advisory Committee  
June 3 & 4, 2011  
Millennium Hotel  
4800 Spenard Road, Anchorage**

**Members/Medicaid Program officials present:** Tracy Charles-Smith, Chair; Lorilyn Swanson, Vice Chair; John Bringham; Amber Doyle; Deborah Kiley, DNP; Catriona Lowe; Michael Moriarty, DDS; Kimberli Poppe-Smart, DHSS Deputy Commissioner; Karen Sidell; Renee Stoll, RPh, and, Mark Walker. HCS staff present: Nancy Cornwell.

*June 3, 2011*

**Minutes of April 29, 2011.** Adopted as presented.

**Update on National Health Reform including Medicaid activities.** Jon Sherwood with HCS reminded the MCAC of the Governor's position and the status of litigation pertaining to the Patient Protection and Affordable Care Act (PPACA) which he noted will probably be resolved by the US Supreme Court. In a letter to Senator French, the Governor clarified 3 principles around his approach, those being to: (1) maximize Alaska's freedom and privacy, (2) minimize federal entanglement, and (3) foster more citizen-based choices. As such, the department is not seeking (most) federal planning funds or grants. Governor Parnell says he intends to operate an exchange (if we get that far). Most states are expecting the lawsuit to get to the Supreme Court during the summer of 2013. The insurance exchange is required to be fully operational by 1/1/2014 so some exchange elements need to be in place by 1/1/2013. If not, the state may find the federal government stepping in to provide an exchange for Alaska residents. Jon reviewed the provisions in the document "PPACA Provisions Impacting State of Alaska Policy and Programs" (1/5/2011) focusing on the Medicaid Provisions.

**Alaska Medicaid Tribal Issues.** Renee Gayhart with the Department's tribal Medicaid program reviewed 3 areas of recent efforts. (1) Renee is working with tribal eligibility and outreach staff to confirm they are allowed read-only access to the eligibility (EIS) system. The change from 6-month to 12-month eligibility has helped maintain eligibility rates. Also, families who receive Food Stamps often have children who would be eligible for Medicaid. (2) The tribal program is reviewing high-volume/high-cost service categories and considering them for refinancing. Three categories that are being piloted now are pharmacy, inpatient psychiatry, and physician services. One example of their work is the examination high-volume/high-cost pharmaceuticals that are not on the formularies of tribal organizations and therefore are filled by pharmacies outside the tribal system. (3) Renee reported that various organizations within the ANTHC are establishing patient-centered medical homes, electronic health records, and care management programs. Renee noted that the T-CHIC (3 states: AK, OR, WV) grant project aimed at demonstrating Patient Centered-Medical Homes (PCMH), electronic health records, and quality measures, is underway. A request-for-proposals is out offering grants to eligible organizations.

The state tribal Medicaid Task Force asked Renee to find out if a MCAC member could participate in those meetings. Amber indicated she is already a member; Karen also volunteered.

**Presentation: Department's Public Information Office (PIO).** The PIO was invited to address the MCAC following a suggestion by Kim Poppe-Smart, Deputy Commissioner, at the last MCAC meeting. Cathy Stadem and Glenn Harvey with the PIO explained that 13 employees in the Department provide public information services. They interact with the media and provide website design, message development, print, and publications services. Examples of their work were presented including: an e-newsletter (to a listserv), a printed Department newsletter, a grantee newsletter, an Office of Children's Services newsletter (distributed

internally), videos, and the use of YouTube, Facebook, and Twitter. The PIO helps department programs identify their target audience(s) and determine the best vehicle(s) to reach them often using more than one.

**Update: Medicaid Task Force.** The Medicaid Task Force met over the winter and selected 8 options for presentation to the Governor. The MCAC heard presentations on each option and reviewed the report "Medicaid Task Force: Options for Cost-Savings report (April 6, 2011)" (available at: [http://www.hss.state.ak.us/commissioner/medicaidtaskforce/files/interim\\_report.pdf](http://www.hss.state.ak.us/commissioner/medicaidtaskforce/files/interim_report.pdf) )

Dave Campana, R.Ph., the Medicaid pharmacist summarized the following options and responded to the questions:

- Increase substitution for generic medications
- Increase generic medication utilization
- Enhanced preferred drug list
- State Maximum Allowable Cost (SMAC)
- Psychiatric medications policy

Kim Poppe-Smart summarized the Patient-Centered Medical Home (PCMH) and Community First Choice options, and responded to questions.

Nancy Cornwell, HCS, presented the Care Management option and responded to questions.

Kim told the committee that when the stakeholder meetings begin, they should have a member or members at the table.

The committee discussed payment rates by Medicaid and other payers in Alaska. Kim committed to providing some comparison rates for dental services.

**Schedule future MCAC meetings/locations.** The committee agreed their next meeting will be August 26 and 27, 2011, in Ketchikan. Members will be required to travel on August 25 to Ketchikan and for some, return home on August 28. (Renee and Catriona will not be able to travel to Ketchikan. Renee may be able to participate by phone on August 26.) The committee also set a face-to-face meeting for November 4 and 5, 2011, in Anchorage.

*June 4, 2011*

### **Medicaid Director's report**

Kim Poppe-Smart reported that CMS, in response to significant cuts in provider payment rates in other states (not including Alaska), has released proposed access regulations. Some Medicaid recipients are having difficulty accessing providers/services but Kim noted that those are primarily in states where the Medicaid payments are lower than Medicare (not the case in Alaska). The proposed rules require an "access assessment" each time a state seeks a State Plan amendment on provider payments. The rules also require states to complete access assessments on all services (regardless of provider payment changes) within a 5-year period.

The Department is awaiting the Governor's Medicaid budget decision (as part of the operating budget).

Regarding personnel changes, Deputy Commissioner Pat Hefley has resigned and Assistant Commissioner Alison Elgee will step down soon. The director and deputy director positions in Health Care Services are vacant. Kim is now the Deputy Commissioner for Medicaid and Health Care Policy and all of the Medicaid

divisions have been restructured and now report to her including the divisions of Health Care Services, Senior and Disabilities, and Behavioral Health, as well as the Office of Rate Review, the Program Integrity Unit, the Health Facility Surveyors, and Certification and Licensing (for assisted living homes).

Alaska is one of three states working with Xerox to develop the core Enterprise System (new MMIS). The “go-live” date is April 1, 2012. (ACS will remain the Alaska Medicaid fiscal agent following the Enterprise implementation.) A new (recipient) eligibility information system is being planned.

Electronic Health Record (EHR) incentive payments are now available to certain providers to use EHRs in the delivery of health care under the federal “meaningful use” definitions. To be eligible, 30 percent of a health professional’s patients must be Title 19 (Medicaid) patients. Over the course of 5 years, payments up to \$63,750 will be available to each provider. The take up rate thus far is much slower than anticipated. (Karen Sidell volunteered to provide a webinar on the EHR incentives for MCAC members if there is an interest.) For incentive payments via the Medicaid program, current eligible professionals include physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants practicing in Federally Qualified Health Centers or Rural Health Clinics that are physician assistant led.

Kim reported that the Department plans to recruit some new MCAC members. She said she thought the commissioner will issue a recruitment bulletin. Several members indicated they will send names to Kim.

## **Public Comments**

Sandra Jamison with Talkabout in Fairbanks explained they are no longer taking new Medicaid clients due to very difficult problems with Medicaid audits and low reimbursement rates. Talkabout provides speech and behavior therapy services and serves clients from Fairbanks and surrounding communities. A serious shortage is anticipated.

## **Identify issues/agendas for future MCAC meetings**

Nancy briefly reviewed several documents including the MCAC work plan, the MCAC review criteria, and the process for identifying and selecting issues for review. Following a discussion, the committee agreed to focus on “Desired Outcome #5: Recipients understand the program and their responsibilities” (from their most recent work plan).

Kim suggested the MCAC (or a subcommittee) have a follow-up meeting to review the existing recipient handbook (not to edit it) but to identify how the program could improve upon information the recipients have but also information they still need and which populations need what information. Kim also recommended a second meeting with the Department’s Public Information Office to determine how best (audio, visual, print, etc.) to get information to specific populations in need of it. With this, the MCAC could make written recommendations to Health Care Services and the Commissioner and suggest the committee be asked to review what is produced.

Renee Stoll suggested MCAC members informally ask recipients (they have contact with) “what information do you need and what is the best way to get it to you?” Several members volunteered to help. Nancy said she would send the draft questions (below) to Tracy, Deb, Renee, and Karen and ask that they review and revise them. Nancy will then send the revised questions to all MCAC members and individual members may use them for informal interviews of recipients.

1. What recipient information is out there now, where is it, and who has it?
2. What recipient information is still needed and who needs it?

Kim suggested that in the next couple of weeks, a few MCAC members put together a budget placeholder for education strategies and media aimed at improving recipient knowledge. Some specific examples were mentioned including a CD on recipient responsibilities and various electronic media.

Lorilyn asked that Jon Sherwood and Renee Gayhart provide reports at each MCAC meeting. Kim indicated it will not always be possible for their in-person participation due to budget constraints but it will be more likely if meetings are scheduled in advance.

Regarding the next meeting in Ketchikan, the committee agreed to focus on Desired Outcome #5: Recipients understand the program and their responsibilities. Members asked that recipients be invited to make public comment including posting notices about the MCAC public comment opportunity in the DPA public assistance office and senior citizens center. Other suggestions included inviting Ed Zastrow with the Ketchikan senior center to explain how seniors get information on Medicaid.

The committee identified providers that could be invited to the Ketchikan meeting including:

- the Ketchikan Indian Community (clinics),
- the Ketchikan hospital,
- providers from Metlakatla, and
- providers from Prince of Wales Island including the Alicia Roberts Clinic in Klawock, the Craig clinic run by Peace Health, the clinic in Hydaburg, the physician assistant in Thorne Bay, and the public health nurses in Craig.

The committee agreed that during the public comment period in Ketchikan, the public be asked to address “when you have questions, where do you go for answers? What information is needed and are there better ways to get info out?”

### ***Brief Report by Individual MCAC members***

John Bringhurst reported that the Alaska State Hospital and Nursing Home Association (ASHNHA) met with Bill Streur before he became Commissioner. At that time, Bill raised some questions about bending the Medicaid spending curve and ASHNHA members took that seriously and will be submitting that information to the Department in the future.

The committee thanked John Bringhurst for his service to the MCAC.