FINAL Summary Minutes: Medical Care Advisory Committee
August 26 & 27, 2011
Cape Fox Lodge
Ketchikan, Anchorage

Members/Medicaid Program officials present: Tracy Charles-Smith, Chair; Lorilyn Swanson, Vice Chair:, Deborah Kiley, DNP; Kimberli Poppe-Smart, DHSS Deputy Commissioner; Karen Sidell; and, Mark Walker. HCS staff present: Nancy Cornwell and Renee Gayhart.

August 26, 2011

Minutes of June 3 and 4, 2011. Adopted as presented.

Ketchikan History and Health Care. Ed Zastrow, past Mayor of Ketchikan, provided a history of Ketchikan. Ed has also served as a member of the city council, on the Commission on Aging, and on the Pioneer Home board of directors.

Prior to 1977, the Ketchikan area had a substantial timber industry including several pulp mills. Many middle class jobs were available. When the pulp mills closed, the community lost 1,700 – 2,000 jobs that on average paid $42,500 and included good health benefits. Ed explained the loss of middle class jobs impacted all services in the community from the boat harbor to medical services. In 2001, the fishing industry was hit but has come back and there is now a cannery. In 2006, the tourism industry started to develop and a shipyard was built. The economy has not completely rebounded but it much better than it was after the pulp mill closures. Mining is also developing in the area including mining of rare elements. There are more living-wage jobs, however, the senior and low-income populations are growing.

The social and health services in Ketchikan are developing. The Ketchikan hospital, now owned by Peace Health, is the largest employer and has some of the highest paying jobs. A new hospital building is required. A nursing home has 26 beds and a home health agency employs 14 registered nurses. Personal care assistants serve about 700 clients each year in Ketchikan. The Ketchikan senior center provides meals to low-income seniors and there has been a marked increase in demand. Some of the seniors stay at the center all day because they do not have enough food or fuel oil at their homes. Saxman seniors are getting an early start on free food commodities-offered once a month. Some seniors have trouble paying for their prescriptions. Twenty-three disabled seniors attend a day care facility and their director does not recommend pursuing (Medicaid) waivers. Akeela operates on a substance abuse program. There is a long waiting list for affordable senior housing. The Ketchikan Pioneer Home has a 2-year waiting list and has an increase in the patients with severe dementia and Alzheimer Diseases. The Pioneer Home in Ketchikan was not designed for these clients. Pioneer Heights, a new senior housing facility, is under development with funding from the Alaska Housing Finance Corporation. Ketchikan has a sales tax exemption for low-income residents and a property tax exemption (up to $150,000) for seniors. The demand is growing as more seniors stay in Ketchikan or are coming back from the lower 48 states. These tax exemptions while wonderful for seniors result in an increase taxes for the rest of the community.

Update on National Health Reform including Medicaid activities. Jon Sherwood with HCS provided an update on national health care reform. He mentioned several legal challenges to the Affordable Care Act. Regulations pertaining to Insurance Exchanges have been issued. Three options are emerging: the state government operates the exchange, the federal government operates the exchange on behalf of the state, and the hybrid option where the state and federal governments each operate some of the exchange functions. If a state intends to operate their exchange, they must have a plan to do so by January 1, 2013.

In response to a question, Kim Poppe-Smart indicated Governor Parnell intends that the state will follow the federal law and the State of Alaska is looking at opportunities for managing an exchange.

Jon explained that exchanges are intended to be the place where information on all health plan is available including both individual and small group plans. The expectation is that exchanges will interface with federal data bases in order to verify information on income, social security, residency, citizenship, etc. Medicaid will be included in the exchange but eligibility determination will still be made by State employees.

Ketchikan Senior Center – Listening Session. The committee visited the Ketchikan Senior Center and held a listening session with about 25 people. The purpose of session was to find out what kind of recipient information the participants have, what they do not have but need, and how the Medicaid program can make information available to them. The following questions were raised:

- Why is it so hard to get a waiver?
- Why is alcohol-related dementia not a condition that qualifies client for a waiver?
- I was discharged from the hospital and diagnosed as having dementia. Why were my belongings removed from my home and discarded while I was in the hospital?
- Who is eligible for Medicaid?
- I have a grandson under 30 years of age. Can he get some help?
- The Medicaid resource limit is $2,000 which is too small. *(It is a federal limit.)*
- Once a patient is the hospital and if they have some functionality limits, it is hard to get them out of the hospital and back to their home once they are in the hospital.
- How do I become eligible for Medicaid? My income is a couple of $100 too much. I am concerned that if my cancer comes back, I won't be eligible. Is the Miller Trust an option?
- What is the Miller Trust?
- Seniors do not always tell their providers about their health problems.
- What is the difference between Medicare and Medicaid?

Devra Milam with the Ketchikan office of Alaska Legal Services Corporation in the audience. She responded to several questions including those regarding the Miller's Trust. She encouraged several participants to make an appointment to see her.

Ketchikan Indian Community. Brent Simcosky, Health Administrator for Ketchikan Indian Community (KIC), briefly described the history of self-governance of tribes and the availability of funds including the pursuit of third-party payments. Without the tribal Medicaid encounter rate, many fewer services would be offered. KIC collected $3.8 M in third-party payments and have about 3,000 clients of which 10 – 20 percent are on Medicaid. He reminded the committee that many Alaska Natives (AN) do not want to apply for Medicaid. He also acknowledged that the (per day) encounter rate creates an incentive for a recipient to receive only a single service each day rather than multiple services in one day.

Brent described many challenges. Salaries for physicians are high. A physician who was recently offered a $220,000 salary turned down the offer. It is difficult to recruit medical personnel; KIC currently has 5 physicians and 2 Nurse Practitioners. KIC spends $2 M at the Ketchikan hospital. There is over utilization of the emergency room and pain medications. The average KIC client has 2 (clinic) visits per month. He indicated that KIC does not have sufficient funding for substance abuse services and that is difficult to get patients into treatment (on timely basis) at Alaska Native Medical Center (ANMC). For many advanced services, KIC has to send patients to ANMC (in Anchorage) when Seattle is so much closer. Brent described the events around KIC pulling out of Southeast Alaska Regional Health Consortium.

Alaska Medicaid Tribal Health Issues. Renee Gayhart with the Department's tribal Medicaid program explained the tribal agency relationships reflected in the Alaska Tribal Health System map (a handout). She also addressed the challenges tribal providers face in recruiting and retaining health professionals. The Medicaid program receives 100% Federal reimbursement for Alaska Native patients who receive services from

tribal providers. However, getting Alaska Natives to apply for Medicaid continues to be a problem and adds to the demands on the tribal health system. Also, applicants are not required to identify their race on their Medicaid application. For those individuals that the department believes are Alaska Native, staff try to confirm the race of the recipient, and as appropriate, change the race information in the Eligibility Information System (EIS) and ultimately in the Medicaid Management Information (claims) System (MMIS). Alaska Medicaid may then seek 100% FMAP.

For tribal providers, the Medicaid encounter rate is used to pay providers for services to Alaska Native Medicaid recipients.

The Medicaid program continues to help tribal providers improve the performance of their billing staff and systems. Rural providers often hire and use their own staff for billing functions (in comparison to urban providers). By doing so, local jobs are created in their service area.

Presentation: Division of Public Assistance (DPA) Office in Ketchikan regarding Recipient Information.
Morgan Ethenburger and Gwenda Stewart were introduced. Gwenda described the Southeast Alaska/ Ketchikan DPA service area as: all communities south of Yakatat and Cordova; Glenallen; Valdez; some Fairbanks community areas; Cooper Center; and, Slana. DPA processes applications for the Alaska Temporary Assistance Program and Food Stamps, Adult Public Assistance, Family Medicaid, Denali KidCare (DKC), and Heating Assistance programs. During interviews, Eligibility Technicians ask applicants if they want to apply for other programs. DPA is planning a new Eligibility Information System.

Morgan explained that as of June 2011, the region including Juneau, Sitka, and Ketchikan had 7,142 Medicaid recipients (including DKC) and a 5.5% increase in Medicaid applications in the last 12 months. Translation services are available. For all of the DPA programs, each ETs has about 320 cases. Gwenda indicated that fee agents (in small communities) only take applications and do not work on eligibility determination. Brenda answered numerous questions about eligibility requirements and application processes. When asked “how can we reach more individuals who may be eligible for Medicaid”, she reminded members of the posters initially used to make people aware of the DKC program, plus speakers at the Chamber of Commerce and Rotary clubs, churches, and public service announcements.

Public Comments.

Bobbie McCray, a friend of Jessie’s introduced her and explained that Jessie had a car accident (5 years ago) that injured her brainstem. She has made tremendous progress in recovering from the jury. Bobbie explained that Jessie is on Medicaid (a waiver) and that Medicaid does not meet some of the needs of persons with Traumatic Brain Injuries (TBI). There is a TBI support group in Ketchikan. A blow to the brain can bring about personality changes and more services need to be available in Ketchikan. Many TBI patients do not return to Ketchikan. Jessie receives some physical, occupational, and speech therapy and her care coordinator is Hope Cottages. The question was raised as to whether Jessie been denied any services? The committee offered that some services for Jessie may be available via telemedicine.

Mark raised the question “which services can be delivered by telemedicine and do they need a modifier? “ Kim offered that that question should be given to Cindy Christensen in Health Care Services.

Karen Peaks with the Ketchikan Wellness Coalition described the development of the coalition and its functions. It is a volunteer organization and with United Way assistance, initially identified 6 major themes. Karen provided a handout addressing each of the themes: strengthening cultural unity, empowering youth, promoting respectful relationships, seeking community homeless solutions, seeking ways to building the community, suicide prevention and education awareness in Ketchikan, and cost of substance abuse. Karen addressed many of the challenges and successes of volunteer community initiatives.

Bernice Metcalf, a care coordinator with Southeast Senior Services (MCAC met her earlier in the day at the Ketchikan Senior Center) also helps individuals apply for Medicaid and providers grant care coordination in the

Ketchikan area. It is extremely hard to get people approved in the Older Alaskan waiver program. A lot of the people that go to the adult day center do not meet the nursing level-of-care requirements. They get a lot of cueing and help with taking their medications at the center. People on the waiver at home are content getting services in the home and do not choose to go to the adult day center. Responding to questions, Bernice indicated that she has had clients that have been denied the waiver and have requested a fair hearing. A reassessment is recommended before the hearing and if denied the waiver again, they do not pursue a fair hearing. Bernice asked if there is any source that covers LifeLine.

August 27, 2011

Medicaid Director's report. Deputy Commissioner Kim Poppe-Smart reported that over 2 dozen states are cutting their Medicaid budgets by cutting provider rates up to 15%, cutting out programs, not paying for transplants, reducing recipient populations that are covered, changing their basic managed care plans so they are not covering as many services, and others. In Alaska, we have been fortunate that we have not had to cut services, rates, or eligibility. Kim urged that we do need to be mindful of Medicaid spending in Alaska. There are about 135,000 Alaskans with Medicaid coverage, approximately 127,000 are actively receiving services. On average, each recipient receives about $9,500 of direct services a year, however utilization is uneven. About 5 percent of recipients are responsible for 52 percent of spending. The most expensive waiver population is the developmentally disabled. Transportation payments for all recipients are between $70 – 80 M.

There are many new initiatives coming out of the Center for Medicare and Medicaid Services (CMS), some are proposed rules and others are final. Kim reviewed a few:

- One upcoming deadline is the requirement that by January 1, 2012, providers and the Medicaid program submit and receive 5010 electronic transactions (claims, remittance advice, etc.). All providers and third-party payers are bound by the electronic transactions requirements, not just Medicaid providers and the Medicaid program.
- Providers will soon be required to include diagnostic data on every claim. A new diagnosis code set, ICD-10, will be required as of October 1, 2013.
- Another federal rule requires <u>referring providers</u> to be enrolled in Medicaid.
- Medicaid will be required to <u>not</u> pay for health care-acquired conditions. Alaska Medicaid will use a retrospective review and Present-on-Admission information to make determinations and reductions in payments.
- Deb asked what is the current rule on providers that do not take Medicare and if they can take Medicaid? Kim indicated there is no new rule. The requirement is that recipients must exhaust all of third-party coverage(including Medicare) before Medicaid will pay the claim. For dual eligibles, Medicaid pays their deductible and copayments.
- Another federal initiative aims to enroll 4.3 million uninsured children who are currently eligible for Medicaid or CHIP. Southcentral Foundation just recently received a federal grant to conduct outreach for enrollment.
- The department will be procuring a new EIS that will process applications for a variety of programs including cash assistance and Medicaid.
- The Alaska CHIP (Denali KidCare) has reported on 14 of 24 child health quality measures and looks forward to reporting on more. (Nancy offered to send report.)

The FY 2012 Medicaid budget is in pretty good share. The Legislature safeguarded Medicaid by increasing the State share in the event American Reinvestment and Recovery Act and Affordable Care Act funds were not funded (again) by the Congress.

On the Medicaid Task Force report, the final report went to the Governor in May and he approved the department go ahead with planning and if appropriate, to begin work. Some of the CHIP Bonus Funds will go to supporting some of the initiatives including a consultant to evaluate the Community First Choice (PCA) overall, and technical assistance for the development of medical homes. Currently, the department is developing criteria for participating in at least 4 pilots to include the integrating of behavioral health.

On appointments, Nancy Rolfzen has recently been appointed DHSS Assistant Commissioner for Finance and Management Services. The Commissioner reorganized all of the Medicaid divisions so they are now under the Deputy Commissioner for Medicaid and Health Care Policy (Kim Poppe-Smart) including the divisions of Behavioral Health, Health Care Services, and Senior and Disability Services and the offices of Program Integrity and Quality Assurance, as well as the new MMIS project. Josh Applebee has been hired as the Deputy Director of Health Care Policy.

The go-live date for the new MMIS aka Alaska Medicaid Enterprise is likely to be pushed back from the May 2012 go-live date.

MCAC recruitment. A press release was completed by the Commissioner's office and as a result, the Commissioner and deputy are reviewing applications.

Recovery audit contractor (RAC). Alaska is awaiting the final rule and because of the exceptionally good performance with the PERM audits and that Alaska is a small state, it may be difficult to attract a RAC (since their compensation is usually tied to recoveries).

Medicaid Compliance 101 training for recipients and providers will be offered and will be appropriate for select individuals. A script has been developed for providers and is being put into a computer-based training module that providers will be able to complete and share with staff. For recipients, the division of Public Assistance is taking the lead. They developed a draft document and Kim shared with it the committee.

Desired Outcome: "Recipients understand the program and their responsibilities."

At the June 2011 MCAC meeting, the committee agreed to focus on "Desired Outcome #5: Recipients understand the program and their responsibilities" (from their most recent work plan). An ad hoc committee reviewed proposed questions and subsequently interview forms were distributed to committee members to be used to conduct interviews. The questions included:

- *What information about the Medicaid program have you used, where did you find it, and was it helpful?*
- *What information about the Medicaid program do you (still) need and where have you looked? (Why do you need it?)*
- *Identify the weaknesses or lack of adequate recipient information.*

Renee Stoll, RPh, reported on interviews she conducted. On a single day, she spoke with every recipient or parent of a recipient that walked through the door. Renee learned that these recipients seek information from their providers rather than from the State program. Renee expressed concern about their reliance on staff in providers' offices in that staff turnover can be high. Respondents did not have any unanswered questions and felt they understood the program. They did not favor using the Internet in that they do not understand the language nor have the education skills needed. Some younger people said they just use *Google.* Renee's findings are summarized in the Attachment 1.

Lorilyn Swanson also reported on her interviews with advocates and care coordinators. Recipients contact the advocates because they need something, not all related to Medicaid. Respondents told Lorilyn they contact the recipient hot line and if the hot line cannot get their answers directly, they are always appropriately referred to another source. One person works closely with the Adult Public Assistance office in Juneau on eligibility issues. Another respondent said "recipients have to submit every month and it used to be they only had to submit once every six months" (it was not clear what they were referring to). Recipients forget to submit their paper work and lose their coverage and have to reapply. Also, a respondent indicated that the recipients she works cannot read at the reading level in the paperwork let alone be computer-savvy. Lorilyn reflected that the seniors the committee saw at the senior center are also challenged by the paperwork. Lorilyn concluded that using computer and the Internet are not realistic approaches to reaching older recipients. Records of Lorilyn's surveys are in Attachment 2.

Karen Sidell reported on 4 interviews. They all said the same thing--they have never gotten any information from Medicaid and the only communications that they have received were regarding their renewal applications. They all want information from the program. One has 4 children on Denali KidCare and all are SED (severely emotionally disturbed). Thus guardian relies on her service providers for information. One wanted information placed in their provider's office and another wanted packets of information mailed to them. One respondent wants program information but was at a loss on how or where to get it. She knows which providers to take her children to by seeing advertisements indicating they take Medicaid recipients. For example, she did not know about second opinions and she wants to be a more informed consumer. Karen reported that some parents have come to her for information because they learned by word-of-mouth that Karen knows a lot about Medicaid. Some of these (recipient) children are autistic and some have Fetal Alcohol Syndrome. Karen concluded that many people "need to talk to a person" to get what they need.

The committee acknowledged that problems navigating the health care system are not unique to the Medicaid population, rather a problem throughout our health system. Also, it seems unfair that providers should also be expected to help their clients navigate the health system. Also, some providers are not necessarily well informed or helpful. Kim noted that without managed care plans in Alaska, medical homes with a case coordinator or peer navigator could be a good alternative for providing navigation assistance. Kim commented that the Age and Disability Resource Centers (ADRC) in Alaska provide some assistance now. There are regional centers in Anchorage, on the Kenai Peninsula, in Southeast and in the Bristol Bay area. They are a one-stop shop where an individual can get assessed for a waiver, obtain applications for public assistance and Medicaid, and get referrals to other agencies. hss.state.ak.us/dsds/grantservices/adrc.htm

Mark Walker reported that he conducted 3 interviews. One advocate and a guardian obtained information from the website and the toll-free number. The recipient was completely dependent on the provider organization for information and did not know anything about the website.

Deb Kiley reported on her interviews. A 22-year old female who has been on Medicaid her entire life and gets information using the telephone. She reported she did not need any additional information. Another recipient relies on his wife to get the information he needs and he did not know how she obtains it. He wants to know if someone will pay for him to see an orthodontist and will contact an orthodontist office for him. A parent indicated she uses the ARC (??) agency although for a period she was not able to obtain good information but "it is completely better" now.

Tracy Charles-Smith talked to a parent DD (developmental Disability) advocate who obtains information from other parents and the care coordinator. The travel prior authorization process can be very difficult and suggested a magnet with all the phone numbers be provided. She likes the EPSDT flyer/letter. Tracy also interviewed a Tanana Chiefs Conference' contract health staff program who stated the Care Management program (aka the Lock-in program) coupons are going to providers not on the (approved providers) list and claims are not being paid (which is the way the program is supposed to function). A community health aide (CHA) has found it easy to navigate the Medicaid program because of the CHA training program. She expressed his frustration with the new hires in the Medicaid travel office. A daughter with a disabled parent on Medicaid found the (recipient) handbook helpful and also her mother's physicians. A care coordinator in Fairbanks calls Maureen Harwood ("an exceptional State employee in Fairbanks") for information. He says "ACS (Medicaid fiscal agent) is impossible." DPA tells the care coordinator to call ACS who tells them they cannot talk to them and they should call DPA. An infant learning provider told Tracy what some of her parents have said: "Qualis Health used to be care coordinator for Medicaid. Since they are gone, it is a nightmare. The regulations are so lengthy that parents give up downloading them. Feeding tube supplies have been cutback. Travel is a nightmare so these families do without."

Other comments included that some people use FaceBook, Craig's List, and Twitter. People only reach out when they need information. Sources of information include friends, colleagues, other parents, program web pages and FAQs. Seniors use the social workers at the hospital or SEARHC to help them navigate. What is on the DHSS' FaceBook?

Nancy presented a revision of the MCAC work plan for this desired outcome.

Kim was asked what she wants from the committee. She responded:

- a document that summarizes what the committee has learned thus far,
- recommendations,
- what are the topic areas that need to be addressed,
- what are the best mechanisms for communication,
- how does the committee want to be engaged—either bringing forward materials or reviewing materials and providing input--either existing or in development and providing input.

Kim indicated the committee needs to figure out how they can review materials and offer input between their regular (MCAC) meetings because the development of mechanisms and materials (by the department) will not slow down and wait for the committee to meet. Kim would like a group of the members who could be available between the regular meetings to review materials in development. Mark expressed some interest in the development of a consolidated benefit application (everything from Food Stamps to Medicaid).

Kim agreed that the MCAC can work on developing the recipient handbook. The PIO has not yet started on this. Karen explained that the MCAC members are the experts on talking to recipients and the information/content needed and the PIO (are the experts) on the best method to get the information out to its target audience. Karen said that initially she thought web-based resources were a good idea and after what the committee has learned, she is no longer convinced of that.

Regarding FAQs, Kim thought that the MCAC could come up with some topics and content. Deb worried about producing paper materials but any information in an electronic form could be printed for individuals who preferred paper.

The committee talked about the use of YouTube and FaceBook. YouTube videos could help visitors determine if they are eligible for Medicaid, learn how to apply, what services are covered, as well as how to find providers that accepts Medicaid payments, etc.

Draft findings were expressed:

- "Create the best medium of communications to include possible visual forms via the State's FaceBook page, YouTube, videos, Frequently Asked Questions," and others.
- The department should update/replace the handbook, make it more user friendly, assess the terminology for reading grade level and print size, determine what is not in the handbook that should be included.
- Improve the "your application for Medicaid has been approved" letter. The language is formulaic and should be updated. Information about recipient responsibilities could be improved. Inserts could be developed and sent with the letter.
- Mark thought that the committee/department needs to improve providers' knowledge of the program because (based on what the committee has heard) many recipients get their information from their providers. Further, the committee/department could provide mechanisms (links to FaceBook, web pages) that providers can then provide to their Medicaid patients.
- Karen mentioned the use of brief visual computer trainings followed by informal tests, ideally suited to verify that information was understood by the user. Mark liked this approach knowing if information was successful transferred and also because it would help providers get information to their (Medicaid) patients.
- Kim discussed that ACS (Medicaid fiscal agent) is preparing computer-based training modules for providers. Medicaid Compliance 101 is under development. The committee discussed the options of how to reach providers to let them this will be available. Deb reminded the committee that every hour a provider is in training, they are not seeing patients and providers cannot afford that. A pretest might help a student determine if they need a training. No modules should more than 20 minutes.
- The committee also discussed sending EOBs to recipients, collect providers' email addresses and use to distribute information and creating listserves.

Nancy agreed to draft the findings and recommendations and send to all members for their revisions and additions including those members not at the meeting.

Public Comments

Kevin Gadsey (?), representing himself, explained why circumcision for most males should not be a considered medical service.

Chuck H. explained he was in vehicle accident and sustained a brain injury. He was at the committee meeting to learn more about the Medicaid program.

Kevin Gadsey, an Independent Living Specialist with SAIL, Southeast Alaska Independent Council, was asked about services in Ketchikan. He said often persons in need of service often have a single choice/agency for receiving services. When they alienate that provider, they have no option except to leave Ketchikan. He thinks the DPA/APA office has consistently been a reliable source of information on Medicaid.

There are very few accessible housing units in Ketchikan and some very good advocates have had to leave Ketchikan as a result. Community Connections is an agency that does a lot of Medicaid contract work including the Medicaid waivers and the infant learning program. In general, the Medicaid waivers are working well in Ketchikan. Some people still fall through the cracks. A couple of years ago, the Medicaid program changed policy and now required all waiver assessments be performed by the State employees.

Kevin asked "how is the Medicaid buy-in program working?" It is a program that allows working disabled people to earn more income without the risk of losing their Medicaid coverage. No further information was known.

Schedule future MCAC meetings/locations. Kim approved 3 face-to-face committee meetings in 2012. The committee confirmed their next meeting will be November 4 and 5, 2011, in Anchorage. They also tentatively scheduled a meeting for January 20 and 21, 2012, in the MatSu Valley. They asked Nancy to contact members not present to determine if they can make the January dates.

The committee had a wide-reaching discussion on upcoming legislative (Medicaid) issues including: federal health care reform, spending, provider rates, prioritizing optional services, gathering innovative ideas for managing Medicaid spending, how much the spending curve could be/should be bent.

Attachment 1

MCAC Recipient Interviews regarding program information

Submitted by MCAC Member Renee Stoll, 8-23-2011, Presented 8-27-2011

General Thoughts about the Interviews:

- I did not end up using the interview form. It was more helpful to just have a conversation about the recipient's experiences and how they search for information in general
- I have included some general demographic information to possible reflect how certain age groups locate information.
- The recipients I interviewed were happy to be asked their opinion and had a high level of satisfaction with the program.

Response overviews

1. (Middle-age gentleman, guardian to a grandchild recipient): guardian and his wife are both practicing nurses and came to the program with a lot of knowledge. They felt comfortable with the program, coverage and their responsibilities. They have not had to seek out any information. He did mention that they did not think to even apply until someone pointed out they should find out about coverage. If they ever have a question come up in the future, they would call the recipient help line using the phone number on the DKC card. They always prefer to seek out information on the phone, and do not want to go thru a lot of phone-trees to get to a live person. They are very anti-internet and that would be a last resource for information, preferring a personal approach.
2. (Middle age female recipient): has not had to seek out information after the initial enrollment process. Did get a book, but only referred to it briefly and then did not save it. Her first place to go for information would be a call to her caseworker if she does have a question in the future. Does not use the internet and only uses her computer for Facebook. Would use a Facebook page for updates or would like text messages or email.
3. (Middle aged male, privately insured, but wanted to offer his opinion): gets email messages for every change in coverage. He does take the time to read these emails and feels very up to date on the details of his plan. His wife is a SOA retiree and tries to use their website, but has to go thru so many layers she is usually unsuccessful at finding her answers.
4. (Younger mother of DKC recipients): has not had a need to get information, program has always worked smoothly for her. Caseworkers have always been helpful and returned phone calls. If she had a question, she would call (probably use the numbers on the DKC card) first. Looking on the computer or at a website would be too time consuming.
5. (Very young female recipient with children): Has found all of her information from friends in the past and would probably turn to them first if she had questions in the future. If they could not help her, she would do a Google search next, and try to use the state website.
6. (Can't remember demographics on this interview): application and benefit process has gone well. When this recipient has had questions, she goes to the office and waits to see a person. Would not call.
7. (Middle aged female recipient with lots of kids, very busy lady): she usually asks for information at her doctor's office. She would not have a book and generally does not use the internet to find information.
8. (Older mother of a young adult, disabled recipient); child is dual eligible and does not really understand what Medicare covers vs. Medicaid. Is always very overwhelmed by the information seeking process, so she generally gives up and waits for caseworkers/medical professionals to explain what is going on.
9. (Middle aged mother, has been with program for a while, has a few teenaged children): always gets information about the program from her doctor or from the pharmacy. Did receive books, but has some trouble understanding the language (she said she can read at a 7^{th}-8^{th} grade level, but the books are hard.) She recognized the book I showed her and says she has it and an older one she has saved. She thought the older books were better than the newer books. Would like to put in her two cents about coupons. Wishes they would go away.

(Younger female recipient, few kids): program enrollment and coverage has always gone well, never had to search for an answer to a question. Never got a book, but if she did would probably not have saved it or used it. Does use the internet and might try starting there for answers before calling her caseworker.

Attachment 2

MCAC Recipient Interviews regarding program information

Presented by MCAC Member Lorilyn Swanson 8-27-2011

(Record) of MCAC member interview of recipient regarding Medicaid program information

Lorilyn #1

Q. Are you a Medicaid recipient or a parent, guardian, or advocate of a recipient?

A. (check one)

___ a recipient ___a parent ___a guardian __X_an advocate ___other: ACOA Rep._____

Q. What information about the Medicaid program have you used, where did you find it, and was it helpful?

A. When we have folks call at the ACOA (Alaska Commission on Aging Office) for help to access services, we send them to the Aging and Disabilities Resource Center and provide them with that contact information for one serving their region or the state's ADRC. The ADRCs provide the first step in helping people to access the long-term care system and help to connect people with supports in their communities.

Q. What information about the Medicaid program do you (still) need and where have you looked? (Why do you need it?)

A.

(MCAC member should answer this question following the recipient interview.)

Q. Identify the weaknesses or lack of adequate recipient information.

A. **Family members have no idea where to go to get information regarding services and it always seems to be in a crisis mode. The Aging and Disability Centers seem to be a good resource to directed persons to for services in their area.**

MCAC member: Lorilyn Swanson *Date of interview:*

(Record) of MCAC member interview of recipient regarding Medicaid program information

Lorilyn #2

Q. Are you a Medicaid recipient or a parent, guardian, or advocate of a recipient?

A. (check one)

___ a recipient ___a parent ___a guardian __X_an advocate ___other:

Q. What information about the Medicaid program have you used, where did you find it, and was it helpful?

A. I use it all but at times it is very challenging as it is continually changing and you need someone who is versed in it on a daily basis to make sure that everything is in place.

Q. What information about the Medicaid program do you (still) need and where have you looked? (Why do you need it?)

A. Lorilyn: These are my concerns:

1. Patients have to resubmit every month, where it use to be every 6 months. I have patients who forget to resubmit their paperwork and then get dropped from the roles.
2. I have patients who cannot read at a level that the paperwork is written or much less have computer savvy and then are left behind because they may not access information.
3. When a person does their phone or in person interview I have experience questions that are confusing and the patient may not clarify and this may hurt them get Medicaid.
4. Trying to find out and actually reach their caseworker is sometimes extremely difficult.

(MCAC member should answer this question following the recipient interview.)

Q. Identify the weaknesses or lack of adequate recipient information.

- *MCAC member: Lorilyn Swanson/EW* *Date of interview:* Email on 8/18/2011

(Record) of MCAC member interview of recipient regarding Medicaid program information

Lorilyn #3

Q. Are you a Medicaid recipient or a parent, guardian, or advocate of a recipient?

A. (check one)

___ a recipient ___a parent ___a guardian __X_an advocate ___other: Senior Advocate Lorilyn

Q. What information about the Medicaid program have you used, where did you find it, and was it helpful?

To get information on Medicaid I called the 1-800 Recipient Hotline and asked how I could get help in finding out about qualifying for Medicaid. I was told to call my local Adult Public Assistance Office.

I am constantly trying to help folks who cannot legally see, have no family support, or are finding that they are in crisis mode and need help. I now refer them to Juneau's Public Assistance Office but this too can be very challenging for those who have no transportation or have other health issues.

It usually turns out that in the end the Social Workers at the Hospital here in Juneau work with local agencies depending on income and other information to determine how to get help for those in need.

Q. What information about the Medicaid program do you (still) need and where have you looked? (Why do you need it?)

(MCAC member should answer this question following the recipient interview.)

A.

MCAC member: Lorilyn Swanson/EW *Date of interview:* Email on 8/18/2011

(Record) of MCAC member interview of recipient regarding Medicaid program information

Lorilyn #4

Q. Are you a Medicaid recipient or a parent, guardian, or advocate of a recipient?

A. (check one)

___ a recipient ___a parent ___a guardian __X_an advocate ___other: Senior Advocate Lorilyn

Q. What information about the Medicaid program have you used, where did you find it, and was it helpful?

A. The only information I use about Medicaid is from the eligibility technician at APA.

Q. What information about the Medicaid program do you (still) need and where have you looked? (Why do you need it?)

A. Every consumer I work with has a different financial profile. Medicaid regulations change. I believe only eligibility technicians at APA can determine each individual's eligibility.

(MCAC member should answer this question following the recipient interview.)

A. Recipients can only qualify after meeting with or/and being interviewed by eligibility techs. ET's tell us to send potential Medicaid recipients to them because they are the only ones one determine eligibility.

MCAC member: Lorilyn Swanson *Date of interview:* 7/27/11