

**Summary Minutes: Medical Care Advisory Committee
November 4 & 5, 2011
Hilton Garden Inn
Anchorage, Alaska**

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

November 4, 2011

Minutes of August 26 & 27, 2011. Adopted as presented.

Discussion: MCAC Input on Medicaid Recipient Handbook. Nancy reviewed several documents and subjects including:

- data on the volume and types of calls to the Alaska Medicaid Recipient Helpline;
- an outline of the existing Medicaid Recipient Handbook and links in the handbook to websites and other agencies;
- the purpose of the existing handbook and a description of the contents;
- a table of Medicaid eligibility codes and covered services; and
- additional recipient information including the Division of Public Assistance (DPA) website, the Division of Health Care Services (DHCS) website, "Your rights and responsibilities" from the DPA (Medicaid) application, locations where you can apply for Medicaid, the recipient helpline phone number and email address on the DHCS webpage, the Denali KidCare website and general information and FAQs, overview of the Individual with Developmental Disabilities (IDD) waiver unit and IDD Waiver, the Chronic Acute Medical Assistance FAQs, the Medicaid application approved template, Alaska Medicaid Travel Tips, and a recent Early Periodic Screening Detection and Treatment newsletter.

Update on National Health Reform including Medicaid activities. Jon Sherwood with DHCS provided an update on the upcoming legislation and national health reform. Legislation introduced last session and awaiting legislative action includes:

- SB 5 - Eligibility requirements for medical assistance for certain children and pregnant women;
- SB 70 – Establishing an Alaska Health Benefit Exchange;
- SB 87 - Establishing a program in the Department of Commerce, Community, and Economic Development for payment of grants to health care providers for care of patients who are 65 years of age or older;
- SB 118 - Providing medical assistance reimbursement for the services of licensed marital and family therapists;
- HB122 - Related to naturopaths and to the practice of naturopathy, establishing an Alaska Naturopathic Medical Board, authorizing medical assistance program coverage of naturopathic services, and amending the definition of 'practice of medicine'; and,
- HB 227 - Related to generic drug pricing for medical assistance recipients.

Jon's comments on national health care reform efforts or the PPACA (Patient Protection and Affordable Care Act) included:

- As of 1-1-2014, Modified Adjusted Gross Income (MAGI) will be used to determine Medicaid eligibility for those who are not aged or disabled. MAGI refers to rules of counting income.
- Many of new eligibility rules are aligned with existing rules and in the majority of cases, outcomes will not change in terms of who is eligible. In a significant minority of cases, there will be major impacts either in the complication of determining eligibility or whether a person is eligible.

- Persons not eligible for ESI (employer-sponsored insurance) who want to get a premium tax credit for coverage through the exchange must first apply for Medicaid or CHIP and be denied.
- If a person is low income but not eligible for Medicaid, they may get insurance through the exchange and may be eligible for a premium tax credit which could be applied directly to their insurance premiums.
- As a taxpayer, a person is not eligible for insurance from the exchange if they are eligible for ESI. However, if a person has dependents that are not eligible for the employer-sponsored insurance, they are not eligible for premium tax credits for their children.
- Medicaid eligibility for adults will be at 133% Federal Poverty Level (FPL) with a 5% income disregard or 138% FPL; kids and pregnant women will be eligible up to 175% of the FPL.
- Medicaid Maintenance of Effort (MOE) for adults end when the exchange begins (2014). For kids, MOE is through 2019.
- The new eligible group, adults up to 133% of the FPL, will be eligible for an “essential benefit package” which could be significantly less than the existing Medicaid benefits.
- Differences between MAGI and existing Medicaid rules include the treatment of stepparent’s income, dependents, and whether dependents are living with their parents.
- In moving to tax rules, you are determining income by looking at whether a person has to file a tax return and whether a person is a dependent on someone else’s tax return. Those decisions are made at the end of the tax year or immediately after the tax year. Medicaid eligibility will continue to be made at a point-in-time, not based on a prior year annual experience. It seems that a personal attestation will have to be a part of the determination process.
- There are rules for how to treat eligibility for those whose circumstances change, loss of employment or income but some rules have unanticipated consequences.
- The vision is a very tight, integrated eligibility system; states are pessimistic that integrated electronic systems will be there and available to produce results in real time. States are concerned about their liability for determinations based on preliminary information.
- The federal government is committed to building a federal data hub for data sources necessary to determining eligibility.
- The expectation is that states will build application and enrollment systems that will provide for expedited determinations. States are eligible for 90% federal reimbursement for developing a Medicaid eligibility system and 100% for the exchange.
- New contractors have been hired to help states including the RAND Corporation, the National Conference of State Legislatures, and the University of Minnesota’s State Health Assistance Data Access Center.
- The primary legal challenge is to the individual mandate. Only one court has thrown out the entire law.
- It is expected that the US Supreme Court will take up the PPACA individual mandate in the spring of 2012.

Presentation: Melissa Stone, the director of the Division of Behavioral Health, addressed the following topics:

- Major behavioral health challenges in Alaska,
- What the Division of Behavioral Health does and how,
- Medicaid’s role in behavioral health services,
- An ongoing success story,
- Current improvement efforts, and
- Issues on the horizon.

(Slides from the presentation are in the Appendix.)

Presentation: Duane Mayes, the director of the Division of Senior and Developmental Disabilities, addressed the following topics:

- The Division of Senior and Disabilities Services and provider functions,
- Relationship to the Division of Health Care Services,
- Relationship to Affiliated Computer Services (fiscal agent),
- Corrective Action Plan update,
- Medicaid budget, legislation, and regulations,

- Controlling Medicaid spending,
- Future utilization and expenditure trends, and
- Other issues.

(Slides from the presentation are in the Appendix.)

Compliance materials. Doug Jones, DHSS Program Integrity manager, described some of the department's efforts to initiate compliance training for both recipients and providers. Clay Butcher, DHSS Communications Manager, presented a (draft) brochure on the "Do's and Don'ts: Get the most out of Medicaid by stopping fraud and abuse." Clay also presented a 60-second demonstration video on provider compliance training. The final video is under development and will be accessible on the fiscal agent webpage. Individual committee members offered some suggestions. Kim reminded the committee that Medicaid has a wide range of providers including those represented on the MCAC but also taxi drivers, small assisted living homes, and personal care attendants.

The committee had a lively discussion on provider and recipient training needs and fraud and abuse issues. Doug explained some existing anti-fraud activities as well as new requirements under the PPACA. Doug provided a handout on audits and reviews by the federal and State of Alaska governments. Dr. Moriarty suggested that Kim or Doug address some of these issues at the spring Alaska Dental Society meeting.

November 5, 2011

Medicaid Director's report. Deputy Commissioner Kim Poppe-Smart reported the patient-centered medical home option as recommended in the Medicaid Task Force is moving ahead. A request for proposal is being drafted and will provide professional consulting services on the development of medical homes. Integrated mental health services will be part of the initial pilot programs including both mental health services in primary care settings and bringing primary care into treatment programs for the chronically mentally ill. Kim hopes to have a contractor by the first of the year and to begin stakeholder meetings shortly thereafter. The department is looking for 4 pilots: urban, rural, tribal, and non-tribal.

Kim explained that there is a steady stream of new rules from CMS, most related to implementing the PPACA. There is no final rule yet on the "essential benefits package" for the Medicaid expansion population but will include mental health and substance abuse treatment services.

The implementation date for the new Medicaid Management Information System (MMIS) is being pushed back from April 2012. A new date has not been set. The conversion to the new ICD-10 (International Classification of Diseases) is required by October 2013. The existing MMIS cannot accommodate this new code set so the new MMIS must be implemented by then.

The Alaska Pioneer Homes division is now under the Deputy Commissioner for Medicaid and Health Care Policy (Kim's position). Ree Sailors is the new Deputy Commissioner for Family, Community, and Integrated Services. The Division of Public Assistance is in the process of procuring a new Eligibility Information System (EIS) which is very timely with the implementation of the PPACA including the Insurance Exchange.

Total Medicaid expenditures in FY2011 were \$1.3 B with an average recipient payment of \$9,566. The average waiver recipient payment was \$43,000.

Dr. Joy Neyhart has been appointed to the MCAC and will be at the committee's next meeting.

Desired Outcome: "Recipients understand the program and their responsibilities." The committee reviewed the "Draft Findings and Recommendations on Recipient Information."

After considerable discussion, the committee agreed that the existing (hard copy) Medicaid recipient services handbook is a good tool, that it could also be made available electronically and include active links where readers can get more detailed information. The committee generally agreed with the existing purpose of the handbook. They were told that DHCS will present a revised handbook to them at their January meeting. Kim indicated that she wants to see a different format and that it be more useful, readable, and user-friendly. Lorilyn requested the recipient helpline number at the bottom of each page be in **bolder print**, and on the front cover as well as the link to the handbook. Karen thought the outline was fine but would like the recipient roles and responsibilities included (perhaps with a more positive tone), “how to get the most out of your Medicaid program.” (The committee previously reviewed the DPA Medicaid application, pages 1 – 4, and the “Do’s and Don’ts draft brochure presented by Program Integrity.) The MCAC prefer less focus on fraud. They also liked a more positive tone: “be informed,” “keep your medical appointments,” “take good care of your health,” “bring your stickers,” and “use our resources wisely.”

The committee adopted the motion:

“The department should update and replace the Medicaid recipient handbook. A new manual should be user-friendly, and the reading level and terminology assessed to better meet the target audience.” And,

“An informational (3-or-4 fold business card size) brochure (for recipients) should be created and include the following information:

- *(Title) “How to get the most out of your Medicaid coverage”*
- *Take good care of your health,*
- *Use our resources wisely,*
- *Be informed,*
- *Medicaid program rules and health care practice change over time and it is your responsibility to stay informed,*
- *Call the Recipient Helpline if you have questions at 1 (800) 780-9972 or email the helpline at RecipientHelp@acs-inc.com*
- *Use the recipient handbook <http://hss.alaska.gov/dhcs/PDF/MedicaidRecipientHandbook.pdf> and website at http://www.hss.state.ak.us/dhcs/medicaid_medicare/helpline.htm*
- *Keep your medical appointments*
- *Bring your stickers (to your appointments)*
- *Other Medicaid program phone numbers (DPA eligibility, Denali KidCare, State Travel Office).”*

Public Comments. Renee Alexelson, compliance officer with Geneva Woods Pharmacy, explained that recipients and medical providers are not aware of the limits on medical supplies. The responsibility of educating providers and recipients should not fall to suppliers.

Schedule future MCAC meetings/locations. The committee confirmed their next meeting will be January 20 & 21, 2012, in the Wasilla. They also set May 18 & 19, 2012, as the following face-to-face meeting in Nome.

For the January meeting, Renee suggested that MCAC use a meeting room at the MatSu Regional Health Center for the meeting. The committee wants to focus on recipient comments at the meeting.

Renee Stoll commented that recipients are referred to the **Care Management Program** because they used urgent care clinics too much, as much as use of 3 clinics in one day. Renee urged that exceptions not be accepted.

Nancy handed out some information on **Child Health Quality Measures** as requested at the August meeting.