

**Summary Minutes: Medical Care Advisory Committee
January 20 & 21, 2012
Best Western Lake Lucille
Wasilla, Alaska**

Members/Medicaid Program officials present: Tracy Charles-Smith, Chair; Lorilyn Swanson, Vice Chair (by phone); Deborah Kiley, DNP; Catriona Lowe; Michael Moriarty, DDS; Joy Neyhart, DO; Jon Sherwood, HCS; Karen Sidell; Renee Stoll, RPh; and, Mark Walker (by phone).

January 20, 2012

Minutes of November 4 & 5, 2011. Adopted as presented.

Presentation: Draft Alaska Medicaid Recipient Services handbook. Sandy Ahlin, HCS Recipient Relations, who oversees the Medicaid Helpline (800 #), the care management program, and the Alaska Medicaid Recipient Services handbook, addressed the committee.

Sandy handed out a recent draft of the Alaska Medicaid Recipient Services handbook, last published in 2006. She reviewed each page with the committee. Members made a number of suggestions and Sandy indicated she will consider each for her final draft. She explained that all of the content changes must be made before the Public Information Office will begin their design work.

Sandy also explained the purpose and functions of the Medicaid Recipient Information Helpline. The helpline receives approximately 2,000 recipient calls per month. In response to several suggestions made by the committee, Sandy stressed that she wants recipients to contact the Recipient Helpline. Sandy handed out Helpline business cards.

Medicaid Director's report. Jon Sherwood, HCS, provided the Medicaid Director's report.

Ree Sailors recently joined the department as the Deputy Commissioner for Family, Community, and Integrated Services; she oversees the non-Medicaid divisions with the exception of the Division of Public Assistance.

The Governor's FY 2013 proposed budget for the Medicaid program represents basic increases with only a few minor exceptions. Additional funding for adult dental services will enable patients to get a complete set of dentures in a single year. There also appears to be an increase in the Division of Behavioral Health's Medicaid budget, largely due to the transfer of behavioral health services for children in State custody from the Office of Children's Services.

Recent regulations projects included RBRVS, personal care, and home and community-based services.

A contract has been awarded to assist the department with the Community First Option (one of the recommendations from the Medicaid Task Force). A Request-for-Proposal has just concluded for a consultant to assist with the development of a patient-centered medical home program. A contract has just been awarded to the Public Consulting Group for assistance in developing a health insurance exchange (a part of the Affordable Care Act or ACA). Josh Applebee, the DHSS deputy director for health policy, is managing the contract.

Some of the Medicaid-related bills before the legislature include: **HB 1** - An Act stating a public policy that allows a person to accept or decline any offered mode of securing health care services; **HB 122** – An Act relating to naturopaths and to the practice of naturopathy; establishing an Alaska Naturopathic Medical Board;

authorizing medical assistance program coverage of naturopathic services; amending the definition of 'practice of medicine'; **HB 78** - An Act establishing a loan repayment program and employment incentive program for certain health care professionals employed in the state; **HB 227** - An Act relating to generic drug pricing for medical assistance recipients; **HB 259** - An Act establishing procedures and guidelines for auditing pharmacy records; **SB 5** - An Act relating to eligibility requirements for medical assistance for certain children and pregnant women; **SB 70** - An Act establishing the Alaska Health Benefit Exchange; and, **SB 118** - An Act providing medical assistance reimbursement for the services of licensed marital and family therapists.

Non-Medicaid bills include **SB 87/HB 152** - 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; **HB 266** - An Act relating to the practice of naturopathy **HB 275** - An Act requiring that a policy of group health insurance offered by the state and certain local governments include coverage for colorectal screening, allow retirees to choose between brand-name and generic drug products, and limit certain prescription drug benefit payments to an amount based on the cost of the generic drug product; and, **HB 288** - An Act prohibiting denial or withholding of medical assistance eligibility or coverage for a prisoner.

The department recently received this year's CHIPRA bonus at \$5.6 M, awarded for successfully enrolling large numbers of children and simplifying the enrollment process including liberalization of asset requirements, elimination of in-person interview, 12 months continuous enrollment, same application and renewal form, and automated administrative renewal.

Alaska Medicaid Tribal Issues. Renee Gayhart with the Alaska Medicaid tribal health program reminded the committee of a couple of long-term care projects including the 18-bed long-term care facility that opened in October in Kotzebue and is operated by the Maniilaq Association, as well as another 18-bed long-term care facility that broke ground last fall and will be operated by Yukon-Kuskokwin Health Corporation in Bethel. Regrettably, the Maniilaq Association that owns the Kotzebue facility did not apply for a facility survey early enough (required by CMS Medicare), nor did they work with potential residents to apply for Medicaid level-of-care determinations, necessary for Medicaid long-term care reimbursement. Maniilaq is now working with potential residents and their representatives to get the applications submitted. For the time being, Maniilaq is not receiving Medicaid payments for some potentially-eligible residents.

Renee reported on Medicaid outreach efforts with 14 tribal organizations and about 35 outreach staff to enroll all eligible family members and insure that race information is provided on applications (enabling the Medicaid program to receive 100% federal reimbursement), among other initiatives. Further, if tribal staff spends 100% of their time on Medicaid applications and enrollment, they may be eligible for 50% Medicaid reimbursement if they qualify as an administrative function in the Medicaid program. Ongoing training of tribal staff is required.

Mat-Su Regional Medical Center (MSRMC). The committee traveled to the MSRMC and met CEO John Lee, and several department managers. Mr. Lee explained that the Mat-Su Regional Medical Center began in 1935 when President Franklin Delano Roosevelt relocated stricken farmers from Minnesota to the lush Matanuska Valley as part of his "New Deal." These "colonists" founded the "New Colony Hospital" in Palmer, AK to serve the Matanuska Colony and area Natives, miners, trappers and farmers. The original structure burned to the ground in 1946 and services were relocated to different borough buildings for several years. The name of the facility changed to Valley Hospital in 1947, when Valley Hospital Association (VHA) was incorporated. VHA rebuilt the hospital in 1952 and financed its construction through the "Pennies for Palmer" crusade held nationwide by the Presbyterian Church. An outpatient center was added in 1989 in Wasilla, AK, to accommodate space for physician practices and to provide health care services to the growing population in the north and west ends of the Matanuska-Susitna Borough. VHA merged with Triad Hospitals, Inc., in December 2003 in to build a new acute care facility in a more central location between Palmer and Wasilla, AK. The new hospital was named Mat-Su Regional Medical Center. It is a general medical and surgical hospital with 74 beds. It is accredited by the Joint Commission. Survey data for the latest year available

shows that 25,981 patients visited the hospital's emergency room. The hospital had a total of 4,517 admissions. Its physicians performed 2,532 inpatient and 6,078 outpatient surgeries.

Presentation: ACS Fiscal Agent Operations. Lynne Carlson Voss, the Executive Account Manager for the ACS Alaska Medicaid fiscal agent, made a presentation. Her presentation on the Alaska Fiscal Agent operations included the following slides: Alaska Medicaid program overview, fiscal agent operational organization, provider enrollment unit, 2011 provider enrollment statistics, prior authorization unit, 2011 prior authorization statistics, claims processing functions, 2011 claims processing statistics, customer care unit, 2011 customer care statistics, finance unit, 2011 finance statistics, publications and training unit, 2011 publications and training statistics, surveillance and utilization review, and provider reenrollment coming in 2012. Lynne responded to questions throughout her presentation. (A copy of the slides is available by request.)

Public Comments

Deborah Tackett, who works on eligibility for MSRMC, shared that she has had positive experiences with DPA eligibility personnel. Doreen Frank, also with MSRMC, was outspoken and made numerous complaints about problems and misunderstandings she has had with Medicaid program rules and reimbursements.

Donna Galbraith, Medical Director for Southcentral Foundation (SCF), explained that SCF has had a clinic in the Mat-Su valley for several years. Donna introduced Melissa Caswell, the administrator for the SCF Mat-Su Valley clinic. SCF currently has 5 providers and services 5,500 clients. They provide family health resources, behavioral health consultants, and limited radiology, laboratory, mammography, and medications management. The 2010 Census showed a population surge in the valley including the Alaska Native population and SCF decided to construct a new clinic (which is now under construction.) Donna provided several brochures and a description of Alaska Native and American Indian health care needs in the Mat-Su area.

A new clinic will be 80,000 sq. ft. and in addition to the current services will include the following specialty services: dental (25 chairs), optometry (3 exam rooms), audiology (1 booth), behavioral health therapy services, a full pharmacy, a wellness center, limited physical and occupational therapy, specialty physicians (rotate from Anchorage clinic), limited radiology, and limited laboratory.

January 21, 2012

Update on National Health Reform including Medicaid activities. Jon Sherwood with HCS said that since the last MCAC meeting, the department has received guidance from CMS on the *essential health benefits* required in both the ACA Medicaid expansion group and health plans offered through the insurance exchange. (The Medicaid expansion group does not have to be offered the existing Medicaid benefits.) *Essential health benefits* (plan) for Medicaid must be benchmarked against the federal employee plans, the state employee plans, or the largest commercial plan available in the state. Also, under state law, Alaska could offer another actuarially equivalent plan. The *essential health benefit* plan must include the following services: ambulatory, emergency, hospitalization, maternity and newborn, mental health and substance abuse services, prescription drug, habilitation and rehabilitation, devices and laboratory, preventive and wellness, chronic disease management, pediatric services including oral and vision care.

Jon responded to numerous questions. The cost to the State for the Medicaid expansion group in the first 3 years is zero; eventually, the State's share will increase to 10 percent (90 percent federal). A preliminary estimate of the number of Alaskans in the Medicaid expansion group is 30,000 residents. Existing provider shortages will continue to be a big challenge in Alaska. Of real concern is who goes into the new Medicaid expansion group? So far, CMS has proposed that if a person is eligible under an existing optional category, they will become eligible under the new mandatory group with benchmark plan benefits. The committee discussed administrative and overhead costs of the Medicaid program.

Deb Kiley reminded members there is an inadequate supply of mental health providers and also limited treatment options in Alaska. The committee agreed that the existing mental health and substance abuse treatment systems need major reform.

Member participation. The committee discussed the requirements of members to participate in MCAC meetings. A motion was made: With the concurrence of the Commissioner, the MCAC chair will declare a consumer position is vacant because the member Amber Doyle has missed 2 meetings without notifying the chair or staff of the cause. The vote was unanimous. The committee also agreed that the chair should encourage members to attend both days of the meeting and notify the chair of the reasons for their absences.

Recipient Information Recommendations to Commissioner. The committee adopted the following recommendations and approved that these recommendations be sent to the Commissioner:

The committee finds the Alaska Medicaid Recipient Services handbook (2006 version) remains a good tool, but that “the department should update and replace the handbook. A new manual should be user-friendly, and the reading level and terminology assessed to better meet the target audience.” Further, it should be made available electronically, and include active links to more detailed information. The committee agreed with the existing purpose of the handbook:

“To help you (a recipient) understand available programs and, if you are eligible, how to effectively use the coverage. The handbook is not designed to provide detailed and individual information, but instead is able to provide a broad overview of the program and services available”.

The committee was pleased to have the opportunity to review the updated draft of the Alaska Medicaid Recipient Services handbook and was pleased with the proposed changes (as presented by Sandy Ahlin on January 20, 2012). The committee very much liked the Medicaid Recipient Information Helpline business card (that Sandy Ahlin distributed) and agreed with Sandy that the card be made more widely available.

The committee recommends that in addition to the Medicaid Helpline business card, “an informational (3-or-4 fold business card size) brochure (for recipients) should be created and include the following messages and information:

- “How to get the most out of your Medicaid coverage” (title),
- 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), and
- Other Medicaid phone numbers (DPA eligibility, Denali KidCare, State Travel Office).”

Further, the committee finds that the Alaska Medicaid Recipient Services handbook link and the Medicaid Helpline link be given names that are shorter and easier to recall. Those existing links are:

<http://hss.alaska.gov/dhcs/PDF/MedicaidRecipientHandbook.pdf> (** above), and
http://www.hss.state.ak.us/dhcs/medicaid_medicare/helpline.htm (***) above).

The committee also recommended the letter from the Division of Public Assistance to recipients notifying them that their Medicaid (application) has been approved should be updated. In the letter, the recipient should be asked if they want a copy of the Alaska Medicaid Recipient Services handbook and given information on how

to obtain one. They should be told that “if the recipient has questions they should call the Medicaid Helpline.” Further, the Medicaid Helpline business card (noted above) should be included in the envelope with the letter to recipients, and when produced, the informational 3-or-4 fold business card size brochure should also be included in the envelope. The department should also produce magnets with the same information as the Medicaid Helpline business card. *(end recommendations)*

Schedule future MCAC meetings/locations. The committee confirmed their next meeting will be May 18 & 19, 2012, in Nome. They also identified October 5 & 6, 2012, and October 26 & 27, 2012, as possible dates for the following face-to-face meeting to be held in Girdwood.

For the Nome meeting, agenda requests include:

- Information (including screen shots) on the recipient portal in the new MMIS;
- Tour the NSHC hospital/long-term care facility, meet with NSHC officials, the family resource center (responsible for Medicaid enrollment), and public health nurses (NSHC employees);
- Recipient involvement and public comments (contact public radio station, invite school principals);
- A tour of the senior service center in Nome;
- Any youth service programs (after-school); and,
- Head Start programs.

The committee thanked Jon Sherwood for his participation in the meeting. They also requested his presence at and participation in the Nome meeting. The committee preferred a hotel be secured for the meeting. Suggestions were made to provide more control around the MCAC public comment periods and that a sign-in sheet should be made available for persons who wish to make public comments.