

Draft Summary Minutes: Medical Care Advisory Committee
January 24-25th, 2014
Baranof Hotel, Douglas Room
Juneau, Alaska

Members/Medicaid Program officials present: Tracy Charles-Smith, Chair; Lorilyn Swanson, Vice Chair; Margaret Brodie, HCS Director; Catriona Lowe; Renee Stoll, RPh; Mark Walker; Renae Axelson; Dan Kiley, DDS; Joy Neyhart, D.O.; Deb Etheridge HCS Program Review Manager; Gennifer Moreau HCS State Plan Coordinator; Doug Jones Program Integrity; Renee Gayhart HCS Tribal; William Streur DHSS Commissioner

Friday January 24th, 2014

Minutes of August 16-17th, 2013. Adopted as presented.

Announcements.

Margret Brodie, HCS Division Director provided the following updates to the committee:

- Under the Affordable Care Act (ACA) the MAGI eligibility rules went into effect on January 1st, 2014.
 - CMS has approved the State's calculation increasing the per person eligibility to account for the Alaska Permanent Dividend Fund.
 - Children that have aged out of foster care but were in foster care and on Medicaid at the age of 18 will be eligible for care until the age of 26 regardless of income.
 - The new guidelines are available to view on the Division of Public Assistance website.
- The new EIS system ARIES deployment has been delayed to address system issues.
- The House Finance Subcommittee hearings held on Dec 2nd-3rd, 2013.
 - The Division received questions on cost savings for the Medicaid program and drug rebates were also brought up by the subcommittee.
 - The next Health Care Services presentation will be held on January 27th at 8:30am in regards to how Medicaid fits into the goals of the Department of Health & Social Services, how the budget was spent, a snapshot of who we serve and the trend line.
- The new MMIS system deployed October 1st, 2013.
 - The division is working closely with Xerox to resolve the known system issues.
 - Behavioral Health claim issues
 - Dental claim issues, current discussions regarding the red claim forms.
 - Service Authorizations and Prior authorizations are not showing up in claims resulting in a pending status. Xerox has hired additional staff to manually enter authorizations so the pended claims can be resubmitted for the providers.
 - The division has been issuing advanced payments to providers to help bridge the gap until the known issues are resolved; current total is upwards of \$125 million.
 - The RA's are currently being redesigned and hope to have that resolved soon.
 - Call times to Xerox have been improving and is a constant priority.
 - The division has seen weekly improvement with check write.
- The National Governors Association will be in Juneau January 26-28th, 2014.
 - They are here to attend a Super Utilizer meeting being held January 27-28th, 2014.
 - The RFP is currently out for bid for case management services. Several out of state agencies have expressed interest in the RFP; the deadline is January 31st, 2014.

- The Lewin Report was released this month.
 - According to the report the state did not have providers to serve the expansion community.
 - The legislature is to recommend committee members to determine what coverage is offered and gaps in coverage. The committee will be reviewing populations not being served and how to best serve them. The legislature will have the final recommendation to the Governor by November 14, 2014.
- There are a couple issues that are affecting Medicaid.
 - ACA presumptive eligibility has been in discussion but no hospitals have implemented the process. Currently Providence Hospital has an out stationed person; they have been given the tools if they want to determine eligibility themselves. The state can provide guidance but do not have the staffing resources at this time to determine eligibility.
 - The DSH adjustments to payments have been pushed to 2016. The states that have expanded will be less reliant on the DSH payments.
 - Alaska Psychiatric Institute (API) is slated for the biggest impact.

Gennifer Moreau, HCS State Plan Coordinator provided updates on the State Plan.

- The majority of the 2013 calendar year amendments were closed out. There are a few outstanding amendments; Frontier extended state clinics; revisions to the EPSDT provisions; revision of the DBH regulations and state plan language.
- The 2014 upcoming amendments include; updating administration of Medicaid by a single state agency, presumptive eligibility; pharmacy bills; pharmacy rebates; midwife/birth centers; behavioral health aid codes.

Update on RBA work plan: Shelly Deering

- General action steps have been completed from Aug 16-17th, 2013 meeting.
- New general action steps will be made from this meeting

Medicaid Fraud. Doug Jones Program Integrity.

• Doug Jones is the Auditor IV for Program Integrity (PI). PI works closely with the Dept of Law (DOL) Medicaid Fraud Control unit (MFCU) and all of the Quality Assurance (QA) units in the divisions. Doug spoke to the committee on how the state defines Medical assistance fraud, Credible Allegation of fraud and the process once fraud is determined. The unit will receive information or tips through hotlines and websites. The initial research “prelim investigation” is handled by the division then the results are sent to PI for review and to determine if MFCU should be involved. DOL conducts the full investigation on all Reports of Harm, which take priority. After DOL completes the full investigation the Attorney General’s office will determine whether to prosecute. The unit will also perform audits of providers and claims submitted referred to as “Claims Data Mining”. During this process they will analyze claims to find inconsistencies and patterns.

Public Comment. Lorilyn Swanson, MCAC Vice-Chair. Public comment was held in the Douglas conference room at the Baranof Hotel from 1:30-3:00pm. The committee heard comment from eight in person, five telephonically and three provided written comment.

- Janet Kaufmann, LPN provided comment on the following issues:
 - Provider Inquiry with Xerox has long wait times and messages are not being returned.
 - The office received a payment with no RA attached and when she finally received the EOB, it was several pages long.
 - Two claims were submitted in August and November of 2013, both were denied and they submitted appeal but have not heard anything back yet.
 - Currently has a patient that is 65, needs clarification if the patient needs to be placed on Medicare.

- Pam McAndrews, BRH/PFS provided comment on the following issues:
 - Frustrated with Enterprise issues.
 - Would like a direct line to call beside the Provider Inquiry due to issues
 - Can't get timeframe from Xerox on payments of paper claims
 - Provider Eligibility issues

- Loran Linhart provided comment on the following issues:
 - There has been a significant financial burden on the practice with 45% of patients on Medicaid
 - 50% of the submitted claims have not been paid
 - Experiencing major RA problems
 - PA numbers for radiographs
 - Travel issues
 - Provider portal issues

- Michelle Charles provided comment on the following issues:
 - Currently experiencing problems with Medicaid equipment and services for her child that was born deaf and needs the equipment to function.
 - Having issues finding Medicaid accepted dental clinics for her children in the Juneau area.
 - She is having PA problems with Bartlett Hospital when trying to get her children medical care.
 - Experiencing travel authorization problems

- Dr. Greg Dostal provided comment on the following issues:
 - Has heard about the Super Utilizer program and is encouraged to see the program.
 - Experiencing travel authorization issues
 - Has been having PA issues with Bartlett Hospital
 - With the current issues with Enterprise, he has considered not taking on any additional Medicaid patients

- Marita Kaplan provided comment on the following issues:
 - Frustrated with the process of the transition to Enterprise.
 - Frustrated with the process for choice waiver. The narrowed criteria during assessment have caused issues with current and new patients. Currently most clients have to be at the end of life stage to be approved. She is confused on how this maintains the mission of waiver services and the department.

- Lisa Hendrickson provided comment on the following issues:
 - Experiencing PA problems
 - Several unpaid claims

- Carla Meitler provided comment on the following issues:
 - Experiencing SA and PA problems
 - Claims are being denied with no reason code
 - Mental Health claims are not being paid on rehabilitation or 3rd party; \$1.7million currently unpaid

- Agnes Sweetzer provided comment on the following issues:
 - Choice waiver concerns; feels the criteria are too strict and it does not allow for proper care of patients.
 - Fair Hearings when appealing denials cause additional time and paperwork that they don't have to spend on.

- Rachel Greenberg provided comment on the following issues:
 - Issues with Medicaid travel SA numbers
 - S5100 code has not been paid since July 1st
 - The past and present RA's need to be streamlined
 - The State has taken back money without clear explanation
 - Has seen a decrease in PA issues

- Brian Richardson provided comment on the following issues:
 - Has had difficulty implementing senior and disability services due to the issues with Enterprise.
 - The Enterprise complications have impacted their company's financial viability.
 - With SDS's method and criteria of different levels of care in PCA and Waiver services has continued to be slow causing difficulties in providing adequate care.
 - Throughout the transition to Enterprise, he has been very impressed with the way Director Brodie has handled everything.

- Lisa Frank provided an email to the committee with the following issues:
 - A patient needed to see a dentist that is not affiliated with IHS but has a referral from an IHS doctor. Due to an infection that doctor requested the patient stay an additional day to be seen, so TA would need to be extended. Due to the doctor being a non-IHS doctor no-one could extend the TA, possibly leaving the mother and patient stranded. After several phone calls an Itinerant Public Health nurse was able to assist. Lisa would like the committee to make adjustments to the policy to avoid situations like this again.

- Noel Shima provided an email to the committee with the following issues
 - Provider payment problems for claims. Xerox received their paper claims prior to deadline set in October 2013 but Xerox did not enter the claims timely resulting in denial. The office had to resubmit the claims, to date these claims are not even showing in the new system. After long wait times on the provider line, a representative from Xerox is still unable to locate the claims in the Enterprise system. The office has been in touch with the Deputy Director at Xerox, the claims were faxed directly to the Director. All of the additional claim batches sent to Xerox have not shown up in the system as well.
 - Advance payment option provided by the State does not seem like a desirable option for the office due to the additional accounting hoops and with no assurance of accurate systems they fear this will only create more problems down the road with repayment.
 - If the current DME issues continue they may be forced to implement the policy of not seeing any additional Medicaid patients due to the financial strain to the practice resulting from the timeframe of reimbursement from Xerox.
 - Travel issues have caused the office to not arrange Medicaid travel due to the extended wait times with the Xerox travel personnel.

- Anonymous Dentist provided an email to the committee with the following issues:
 - Decided not to accept new Medicaid patients due to the complications with Enterprise.

Tribal Health. Renee Gayhart HCS Tribal.

Renee provided the latest updates regarding Tribal Health to the committee.

- COGNOS is not currently reporting correctly, it will report correctly once the system has stabilized.
- The Navigator grant is to help council recipients on how to apply to the marketplace and to help with known exceptions.
- Senate Bill 88 is the bill that passed last year for a housing unit on ANMC campus.
- Long Term Care (LTC) facilities are a big push right now; all of the beds at the facilities below are Medicaid beds.
 - Manilliq in Kotzebue is open and has 18 beds
 - Bethel is struggling and having a hard time passing certification. The third and last visit is coming up the end of February.

- Nome has a LTC in the wing of the hospital.
- Tribal expenditures are up from last year due to more services being provided.
- Tribal meetings are being held bi-weekly to address the defects brought to them regarding the new Enterprise system.
- ANTHC is working on an Innovation grant for specialty care coordination.

January 25th, 2014

Round table discussion. The committee members were given five minutes to advocate for their stakeholder group.

- Tracy Charles-Smith
 - Interested in updates on the Complex Behavioral Collaborative. The pilot program was geared towards adults, but the application has a section for children. Tracy feels this program would be very beneficial if it was extended to service children as well.
- Joy Neyhart
 - Interested in a vaccine program similar to WA for a better vaccine delivery system.
 - Would like to see the regulations on after hour's fees reviewed again.
- Renee Stoll
 - Would like to see limitations on controlled substances, medications have been beneficial.
 - Several patients are paying for medications with cash; this raises concerns with true eligibility and fraud.
 - A large percentage of patients in the Mat-Su area are paying cash for controlled substances
 - Need to have guidance on controlled substance to better deal with the current issues.
- Catriona Lowe
 - Gap Waiver
 - Concerned with preventative services covered under the ACA.
- Shelly Deering
 - Would like there to be a Medicaid claim review.
 - Hopes HCS QA/SURS/Xerox is watching for inconsistencies
 - Rate payment review needs to be done.
- Dan Kiley
 - A letter was sent by the Dental Society to the Commissioner and was responded to back in December.
 - PA's on dentures need to go to better serve the patients.
 - Impressed by the leadership shown to the community during today's public comment.
- Renae Axelson
 - Consider providers when regulation and process changes are adapted.
- Mark Walker
 - Cut backs to community based programs in regards to Medicaid would be devastating and would not be able to maintain system of care.
- Lorilyn Swanson
 - Some concerns and how to get information out to providers and recipients on the new plan of care criteria from Senior and Disability Services and perceived cutbacks.

◦ Alaska only State not covering Alzheimer's and Dementia Related Disabilities (ADRD) under Medicaid program-this has been put off for too many years and now needs to be seriously discussed by the Alaska Health Care Commission and Legislature especially with the growing rate of seniors in the state. Would like to see this as one of our recommendations this year to the Commissioner.

Department of Health & Social Services updates.

Commissioner William Streur was able to provide the following updates to the committee

- The Budget
 - Has 50 million in discretionary funds being used for focal areas with a large percentage towards OCS.
 - A request was submitted for an additional 18 million but cuts in Medicaid had to happen.
 - The Results Based Accountability (RBA) model is being used to present the Budget and is shaping of the Department. All of the divisions need to focus on performance and recognize stellar performances.
 - Tanana Chiefs are contracting with the State to provide foster care.

- Medicaid Expansion
 - Identify the “gap” community, those individuals under 100% of the poverty level. Alaska has 17 thousand people; eight thousand of them are Tribal.
 - Identify services available to the gap community

- Medicaid Reform Advisory
 - Will consist of five members; three appointed by the Governor, one member from the Senate, one member from the House, and a non-voting member served by the Commissioner.

- Waiver Payments
 - Looking at how services are paid and how the services provided are related to the medical condition. The Commissioner prefers an Acuity Rate.
 - ADRD needs to find the right model to provide services.
 - PCA reassessments examining SA's in regards to IADL's and medical conditions.

- Senate Bill 49
 - The bill is requiring certification of medical necessity for abortions.
 - Just need to know the medical condition requiring the abortion.
 - The State is responsible to pay for “medically necessary health care”.

Communication Plan. Renae Axelson

The communication plan was developed due to a need for a more organized approach to inform, invite and increase turn out for public comment.

- Three types of communication
 - Electronic-email, text and fax
 - List service, Facebook, website
 - Print
 - make a flyer and deliver 30 days prior to meeting date
 - Radio/TV

- Good idea is to identify agencies and obtain best contact source for them.
- All members should be contacting their “community”.
- Need to consider how to reach out to recipients
- Phase 2 of the communication plan is to have the contact information built into a database.

Discussion/RBA work plan. Shelly Deering

- Shelly will continue to maintain the working RBA work plan and action plan.
- Renee S. recommended that the story become a “Google” document and will maintain the document.
- Renee S. suggested going back to the training format for the RBA work plan.
 - Shelly will send out the format options for the RBA work plan and will update the action plan
- Implement an RBA report card for the Commissioner’s review.

Health Care Commission.

- Evidence based medicine, what are we paying for and what medical evidence supports the practices.
- MED is able to provide reports on area of service to help determine if there is sufficient evidence. The State has 1-2 meetings a week with MED and are able to request two reports a year.
- The MCAC committee should be reviewing the Health Care Commission report when considering their recommendations.

Discussion.

- Committee member vacancy recruitment
 - Committee will look for individuals in the following stakeholder groups: provider, hospital admin/nursing home admin, recipient, consumer advocate and tribal.
- Next scheduled MCAC meeting
 - June 6-7th, 2014 in Soldotna
- Possible agenda items
 - Xerox update
 - ARDC 1915 (1) waiver
 - Tour a local LTC facility