

**Medical Care Advisory Committee  
May 14, 2020  
Meeting Location: HCS Conference Room  
240 Court Plaza Suite 202  
Juneau, Alaska 99801**

**The public is invited to make public comments  
On May 14, 2020 from 4:15p.m. To 4:25p.m.  
240 Court Plaza Suite 202, Juneau, Alaska 99801  
Either in person or by calling 1-800-315-6338 (pass code 55829#)**

MINUTES March 14, 2020

**4:00pm – 4:05pm**

**INTRODUCTIONS:**

Dane Lenaker, DMD, MPH, Dentist, SEARHC Medical Clinic;  
Matthew Hirschfeld, MD/PhD, Director-Maternal Child Health, Provider Physician Alaska Native Medical Center/Licensed Physician, Vice Chair;  
Jeanie Monk, Senior Vice President, Alaska State Hospital and Nursing Home Association, Private/Non-Recipient Citizen;  
Susan Wheeler, Pharmacist, Provider/Licensed Pharmacist;  
Philip Hofstetter, Au. D, CEO – Petersburg Medical Center, Hospital Administrator;  
Mary Middleton, Executive Director Stone Soup Group, Non-Governmental/Social Services Agency;  
Susan Ohmer, Executive Director, Provider Behavioral Health, Provider Behavioral Health; Robert Rang, Provider Registered Nurse/Licensed Nurse;  
Katrina Wilson, Alaska Licensed Nursing Home Administrator, and  
Victoria Kildal, Clinical Director Tanana Chiefs Conference Behavioral Health  
Robert Rang, CEO/Administrator Providence – Seward Medical and Care Center  
Renee Gayhart, Division Director, Health & Social Services, HCS Director.

**\*\*Members not present - Dorothy (Bunti) Reed, DHSS – OCS Prog. Coordinator, Consumer/Senior Advocate\*\***

**Guests:**

Michael Baldwin, Senior Evaluation and Planning Officer, Revenue Grants & Administration;  
Marcey Bish, Executive Director, Health & Social Services, HCS Office of Rate Review;  
Heidi Barnes, Medicaid Program Specialist IV, Health & Social Services, HCS Office of Rate Review

**4:06pm – 4:-08pm**

Minutes from February 27, 2020 reviewed by all MCAC members.

**4:08pm – 4:10pm**

Director Renee Gayhart informed the group that everyone that has called in must disclose themselves or must disconnect from the call. Attendance verified and coincides with number of callers.

**4:11pm – 4:12pm**

Dane requested a motion to approve Agenda. Robert and Matt motion to approve Agenda as written. Dane requests the continual review of February 27, 2020 Minutes and does one last role call confirming Bunti is out.

#### **4:12pm**

Dane motions to approve minutes. Robert motions to approve as posted. Jeannie 2nds it to approve minutes to post. Dane reminds all members of the yearly in-person meeting set for September 3<sup>rd</sup> and September 4<sup>th</sup> in Anchorage.

#### **4:13pm**

Announcement made to see if members of the public would like to speak so public testimony can be set in order. Guests that attended declined making comment implying they were there to listen.

Due to no members of public speaking Heidi Barnes was asked to start early but informed that if there should be a beep or a click the Chair would have to interrupt and make sure it's not a member of the public.

#### **Heidi Barnes – Introduction:**

Works for the State of Alaska Office of Rate Review and has been working on the Alaska Medicaid Access Monitor and Review Plan since it's inception. In Alaska we call it the AMRP for Alaska Monitor Review Plan. It is November of 2015 CMS had put out a proposed rule. In April of 2016 the final rule was published and we were notified by July of 2016 they had to develop and come up with their own way to do access and review monitoring plan. The State of Alaska had to insure that Medicaid recipients had the same access to the same types of care as anyone else within their same area. What this means is if you were on Medicaid in Barrow that you have the same access to the same types of providers that a person not on Medicaid had.

Model used measures three areas of access: 1. Are there Medicaid recipients in the area, 2. How many Medicaid recipients are in which areas, 3. What types of programs are they on and do we have coverage for all types of programs for all different types of people in the different areas. That would be adults, children, aged people and people with disabilities.

Model looks at providers: How many providers do we actually have in rural and practicing. Providers were looked at as a unique count overall but then it was realized that providers practices over several different areas because there are some traveling providers. CMS suggested that a time study be performed but because of the geographical challenge and Alaska being so big does not allow for a time study, as a road system is very limited. A plan was submitted to CMS in July of 2016 and honored by CMS for years acknowledging the plan is a good representation of Alaska; however, CMS about a year and a half ago added, "Any time a state plan amended occurs where it lowers the payments of the providers then we would need to look at the access as well." This caused the State of Alaska to tack it onto the AMRP Plan as a secondary review of specific areas.

The Original AMRP was set to cover specific provider groups that CMS spelled out which included out those included the primary care providers which they labeled as physicians, FQHC's, clinics and dental care, physician specialty services for cardiology, urology, radiology, behavioral health, obstetrics and home health. The group of providers have shifted over time slightly up and down with the state plan amendment changes because as we make a state plan amendment change then we must include all those providers and are subsequent AMRP for at least for the following 3 years past the original change to the amendment plan. Due to the rates changing all the time it has caused the state to review in house all providers every time. Alaska has been doing wonderfully, as it was realized that if any person has medical needs that they can't get in their area they are transported to another area so people always has access to medical care.

- Review is always worked backwards 1 year.
- Provider and services/claims are reviewed.
- If there is any variance of negative 10% it is reviewed and respond to CMS.
- Any negative variance is reviewed in house as the State wants to know what is happening to the providers.
  - Issues going on?
  - Re-enrollment problem?
  - Incentives needed in certain areas?

Federal guidelines state that each state has their Medicaid compliance review changes which is why MCAC reviews the plan.

#### **CORONAVIRUS Impact**

- Should not show up on the 2019 AMRP; however with rates being changed and interim reporting we will see an increase of providers in certain areas because telehealth is being used so much.
- We should see a decrease in claims and dollars in 2020 for dental providers and providers put on temporary pause.

#### **4:28pm**

Jeannie Monk – Concern about combining all of the physicians in the southeast it could hide or mask an access issue for people in a small rural community.

- If there was a decrease in physicians in southeast of 12% is not a big deal but if 5 physicians in Petersburg it would be very significant for the community.

Why it isn't broken down into smaller areas such as city borough.

- The public report would tell a person that is looking at the report how many people are on Medicaid in a community, the type of service is provided and potentially link it to an individual such as a person having a baby.

#### **4:33pm**

Renee – What resources are available in all various communities of Alaska?

- State is looking at not just Medicaid but division of insurance and retirement of benefits.
- Look at what is available per region.
- As changes occur the state does try to accommodate such as what transportation or resources are available in the region.

#### **4:36pm**

Heidi – The report specifically looks at what services are available in a community regardless of whether they are on Medicaid or on not on Medicaid. It allows the state to determine:

- How far an individual on Medicaid must travel to receive a certain type of service at a specific provider.
- An individual that has insurance, individual that is not insured and an individual on Medicaid do they have all types of services available at the same time.

Dane – Provider distribution and services. How would it be measured if a provider is located in Juneau but providing services to Barrow via telemedicine?

- There is no measure yet.

Renee – State is waiting on guidance from CMS to gauge and report on telemedicine.

- In the last several weeks hundreds of new providers using telemedicine resulting in \$5 million a month now which is higher than it ever has been.
- There are 1135 issues, disaster relief funds, teled, president trump initiative, appendix k.
- Due COVID there are 5 or 6 new initiatives the state is responsible to track with different funding sources.

#### **4:40pm**

Heidi – The report is unique and looks at things differently. For the utilization/service piece it looks at the recipient's home address; which the report will be based off of.

#### **4:44pm**

Dane – Next meeting is early September. Requesting if it's possible to obtain the 2019 report from Heidi a week before the yearly in-person meeting.

#### **4:45pm**

MCAC Member Report

Matt – Genetic Sub Committee meeting on May 19<sup>th</sup> to changing some of the billing around genetic testing. People involved will be Dr. Goslin, Carrie Silvers, providers and genetic councilors. It's anticipated that by the September meeting a more detailed report can be given. Peds Sub specialist is looking at building a more sustainable, better service, closer to home service to Alaska.

Jeannie – Nothing to report.

Susan W. – Nothing to report.

Phil – Nothing to report.

Renee – Telehealth costs \$5million a month. There are about 300 new providers using telehealth in the past 6 weeks.

Telehealth info:

- Telehealth replaces in person visits can't have both.
- Telehealth has never reduced travel but increased transportation
- COVID has stopped travel in the past 2 months but it is unknown after travel ban has been lifted.

Mary – Nothing to report.

Susan O. – Nothing to report.

Robert – Nothing to report.

Katrina – Nothing to report.

Tawnya – Disclosed to the group she can get PPE. For the community has access to procedure type masks, thermometers, gloves and hand sanitizers.

Victoria – Nothing to report.

Dane – Update on dental group has met and done a significant review on the codes that were available. Some recommendations to Medicaid were made.

#### **4:55pm**

Summary of meeting – Officer Elections such as Chair and Vice Chair are normally elected. Dane informed the group that he's on his second term and doesn't think he will be running a third. No Chiropractor representations. Renee informed the group that the MCAC group may get a new state representative. Matt and Phil state this also their last term.

#### **5:00pm**

Meeting adjourns