

Medical Care Advisory Committee

December 7, 2020

Meeting Location: Telephonic

The public is invited to make public comments

On December 7, 2020 from 4:15p.m. To 4:30p.m.

By calling: 1-855-244-8681, then access code 1775526885# then attendee code: 83779547#

MINUTES December 7, 2020

INTRODUCTIONS:

Tawnya Adams, Regional Operations Manager; Robert Rang, CEO/Administrator Providence – Seward Medical Care Center; Matthew Hirschfeld, MD/PhD, Director-Maternal Child Health, Provider Physician Alaska Native Medical Center/Licensed Physician; Dane Lenaker, DMD, MPH, Dentist, SEARHC Medical Clinic; Jeanie Monk, Senior Vice President, Alaska State Hospital and Nursing Home Association; Mary Middleton, Executive Director Stone Soup Group; Susan Wheeler, Pharmacist, Provider/Licensed Pharmacist; Katrina Wilson, Nursing Facility Administrator Yukon-Kuskokwim Health Corporation; Philip Hofstetter, Au. D, CEO – Petersburg Medical Center, Hospital Administrator; Victoria Kildal, Behavioral Health Director Kodiak Area Native Association; Renee Gayhart, Division Director, Health Care Services; Jamie Walker, Deputy Director, Health Care Services; and Lisa Myers, Administrative Officer II, Health Care Services.

Members Not Present:

Susan Ohmer, Executive Director, Provider Behavioral Health, Provider Behavioral Health; and

Guests:

Julius Goslin, Medicaid Medical Director; Angela Michaud; and Michael Baldwin

3:00p.m. – 3:15p.m.

Introductions – MCAC members and guests round table. MCAC member vote and approve of agenda change to have Angela Michaud DC start at 3:00p.m. – 3:15p.m. and review and approve prior meeting minutes, as well as nominating Chair at 3:15p.m. – 3:30p.m.

Angela Michaud – 2020 Alaska Medicaid: Removing Barriers to Conservative Care. Chiropractic Committee organized to present to the MCAC in reinstating Chiropractic for the Medicaid population.

Reasons to remove barriers to Chiropractic care for Alaska Medicaid population:

- Brings Alaska into alignment with other state Medicaid Programs.
- Satisfies federal requirements of implementing alternative pain management strategies for acute and chronic pain patients. Having a non-pharmaceutical option prior to providing pain medication.
- Chiropractic care reduces the overall healthcare costs by eliminating the need for certain surgeries, advanced imaging studies, injections, Emergency Room visits, opioids and total prescriptions.
- Chiropractic reduces the initial use and prescriptions of opioids.
- Chiropractic is an effective treatment for Medicaid recipients.
- Southcentral Foundation recommends full scope chiropractic services for decreasing opioid utilization and decreasing emergency room visits.
- Patients who saw a chiropractor as their initial provider for low back pain (LBP) had 90% decreased odds of both early and long-term opioid use.

Chiropractic Services reduces all the costs associated with pain diagnosis and Opioid Rx cost. The Chiropractic Committee is asking for coverage for the full scope of Chiropractic Services as it's outlined in the Chiropractic Statutes which includes the initial exam being paid for. Medicaid patients that are being covered which are the ages of 6 to 20 the parents are forced to pay upfront which then makes it so they are unable to get those services. This forces people go to a medical doctor instead which then by statistic show they have a higher rate of being prescribed medication. So, by allowing access to care for all ages of Medicaid beneficiaries which would be based on medical necessity patients would not have the out-of-pocket expense on the initial exam.

Chiropractic Medicaid Coverage by State:

State	Adult Coverage
Alaska	No benefit
Florida	24 CMT/Year
Indiana	50 unites/year to include CMT, office visits, lab, x-ray and therapy
Iowa	12-28 CMT/year depending on diagnosis
Kentucky	Full scope; 26 visits max
Massachusetts	Up to 20 CMT/year, based on medical necessity
Minnesota	24 CMT

The VA has taken care of Chiropractic care and has shown a 50% decrease in opioid use since it was implemented. We have seen in Road Island they have decreased their medical by 27%, their ER visits by 61%, and prescriptions by 62 and opioid prescription decreased by 86%. In New Hampshire when they had Chiropractic first, they had 55% lower opioid use. Blue Cross in their

85,000 beneficiaries had chiropractic first had they say that 20% had initiated care with a medical doctor previously. United Health Care also has a report that states that Chiropractic first decreases the use of utilization of care on the system.

Question for Angela by Jeannie: Does the recommendation include any limits or just unlimited care?

Response: The recommendation is what is deemed medically necessary so it would be up to the provider based upon the exam on how long the treatment plan should go. The secure care would be there to be as the checks and balances to prevent unlimited treatment.

General question by Jeannie: Who would be the one to make the recommendation to have Chiropractic Care covered by Medicaid?

Response: MCAC group would make a recommendation to the Commissioner to cover this request.

Question for Angela by Dane: Did you have any proposed fee schedule?

Response: There is not a specific fee schedule. The Chiropractic Group have to discuss it. The Chiropractic Group would be willing to work with Alaska Medicaid and come up with a fee schedule.

3:15p.m. – 3:30pm.

MCAC reviews and approves December 7, 2020 minutes.

Discussion of new Chair.

- Dane steps down as Chair and Jeannie Monk states she is willing to step up.
 - MCAC officially votes for Jeannie Monk to assume the responsibilities of Chair.

Dr. Julius “Pepper” Goslin – Update on the workgroups. The workgroups have not change significantly but a lot of work has happened since the last time.

- Pediatric telehealth and genetic testing have had a lot of work done.
- Pain in SUD workgroup that is in scoping.
- Goal is to get high quality of information.

4:00p.m. – 4:15p.m.

Matthew Hirschfeld – Draft Alaska Medicaid Policy Clarification for Genetic Testing. Group was put together that would look at Genetic Testing for Medicaid.

Challenges with Genetic Testing:

- Can be very expensive in some areas.
- Can be difficult to determine physician’s area of expertise.
- Genetic testing is complex.

Discovered issue:

- Some patients we not getting the initial round of testing.
 - This lack of initial testing delayed treatment by months and even years.

Genetic Testing Group tasked with:

- Which genetic tests are appropriate for primary people to use?
- Which genetic tests should be saved for the geneticists?

Goal is to improve efficiency of care, allow to get the patient to get the right care at the right time and improve payment for Medicaid for the appropriate tests. The Draft Alaska Medicaid Policy allows the primary care person to see a patient, determine if they fit the criteria for Chromosomal Microarray and order a test to get the process moving. This allows the geneticists order specific tests.

Types of genetic testing:

- Chromosomal Microarray Analysis.
- Fragile X-associated primary tremor/ataxia syndrome (FXTAS) and Fragile X-associated primary ovarian insufficiency (FXPOI).
- Single Gene Testing.
- Panel Gene Testing.
- Whole Exome Sequencing.

Matthew Hirschfeld –Pediatric Telehealth MCAC Workgroup – Reviewed report from workgroup

- Behavior Health was able to utilize Telehealth fast and continue to provide services.
- Decrease by professional claims such as fever or strep laryngitis.
- Decrease in transportation expenses such as taxi vouchers, and hotel/meals.

Telehealth recommendations for Medicaid

- Alaska should make permanent telehealth policy changes to improve access and patient outcomes.
- Alaska should allow well child/preventive care visits to be conducted via telehealth with specific provisions.

4:15p.m.-4:30p.m.

Public Comment – Michael Baldwin requested copies of data at the meeting and would like to know if it’s possible for the public to log into the WebEx. Time is needed to consult legal and look into bylaws.

4:30p.m.-4:45p.m.

Round table:

Dane – Access to care has improved;

Jeannie – Price transparency should be looked into by the MCAC;

Dr. Pepper – Nothing to add;

Katrina – Nothing to add;

Mary – Helping families prepare and know what to expect with telehealth;

Philip – a lot of testing, keeping people safe of COVID and getting ready for the vaccine;
Renee – Attention on COVID and telehealth services;
Robert – Nothing to add;
Susan W – Pharmacy world is wrapped up with the vaccine;
Tawnya – Telehealth has helped with prescription renewals. Expressed concerns about villages where the post office is closed due to COVID and don't have access to their meds; and
Victoria – Nothing to add.

4:45p.m.-5:00p.m.

Committee Recommendations Draft Time:

Chiropractic – MCAC makes motion to table it for a later time. More information needed.

Telehealth – MCAC makes motion to forward recommendation.

Genetic Testing – MCAC makes motion to forward recommendation.

Motions approved.

5:00 pm Adjourn