

Medical Care Advisory Committee

Minutes of Meeting August 21, 2014

Attendees

Committee Members Present

Russ Elbel, Andrew Riggle, Michael Hales, Mark Ward, Debra Mair, Mauricio Agramont, Mark Brasher, Gina Pola-Money (for Tina Persels), Kevin Burt

Committee Members Excused

Tina Persels, Jackie Rendo, RyLee Curtis, Danny Harris, Lincoln Nehring, Warren Walker

Committee Members Absent

Steven Mickelson, Jason Horgesheimer, Michelle McOmber, Greg Myers, Donna Singer, LaVal Jensen

UDOH Staff

Gail Rapp, Shandi Adamson, Emma Chacon, Janica Gines, Kolbi Young, Jeff Nelson, Tonya Hales, Sheila Walsh-McDonald, Caryn Slack, Craig Devashrayee, Kayla Strong, Josip Ambrenac, Summer Perkins

Visitors

Amy Bingham, Joyce Dolcourt, William Cosgrove, Beau Colvin, Heidi Peterson, Kris Fawson, Jason Stevenson

Welcome and Introductions

MCAC Chair Russ Elbel called the meeting to order at 1:40 pm.

The Committee is still looking for a representative of the business community to fill the last open seat.

Mark Ward pointed out that ACA on Page 2 of July's minutes should say ACO, and 10% should be 2%. Mark moved that the minutes be approved as corrected. The motion was seconded and passed.

Medicaid Rule Changes and State Plan Amendments

Craig Devashrayee presented the SPAs and rule changes.

Russ asked what it meant that we are consolidating the Targeted Case Management rules. Craig said that there would be no change in services, but there will now only be one rule instead of two.

Enrollment Report

Janica Gines reported on enrollment. There was a decrease in Medicaid enrollment, especially for adults. We expect that this is due to the decrease in unemployment in the state.

Janica presented a report that includes CHIP and PCN enrollment. PCN enrollment has increased by more than 1,800 members because of open enrollment. She asked whether the committee would like to see both reports at future meetings. Michael suggested we keep presenting both reports. Russ asked that anyone who has comments send them to Josip.

Disabilities Advisory Council

Russ presented a flyer for the Disabilities Advisory Council and invited the MCAC committee and audience members to attend. Andrew said that this meeting is similar to what we do with the MCAC public hearing meeting.

PCN Update

Michael Hales explained the impact of the proposed Healthy Utah program on PCN and UPP.

PCN is a limited benefit program covering adults under 100% FPL. UPP subsidizes individuals up to 200% FPL so they can buy their employer-sponsored insurance. We would continue the UPP program for individuals who are not eligible for other subsidies. PCN would be replaced with the Healthy Utah program. We would work with PCN enrollees to move them to the new program. We would screen them for Medically Frail status and allow those individuals the option of participating in traditional Medicaid or selecting a marketplace plan.

Andrew asked whether PCN would continue beyond December 31 of this year. Michael said that the current waiver is continued through December 31, 2014. We submitted a request to HHS Sec. Burwell for an extension of the waiver authority until we have legislative approval and can implement an expansion program. Concurrent with our negotiations with the Federal Government, we will find out whether we can extend the waiver. We are likely to have an extension, but we don't know yet.

PCN Application Update

Kevin Burt reported that PCN enrollment continues to grow, but it has slowed down. We have 15,810 enrollees at this time. In June there was an enrollment increase of 1,266, but in July there were only about 460. We will keep enrolling adults with and without dependent children until we reach about 18,000 members.

Public Consulting Group Report/Waitzman Report

Nate Checketts compared the Waitzman report, recently presented to the Health Reform Task Force to the report that Public Consulting Group did for Medicaid. There have been a lot of questions about the different reports as well as articles published by media outlets.

Dr. Waitzman was contracted by groups outside of the Health Department to review the numbers of individuals who *might be eligible* for an expansion. Public Consulting Group reported on how many people *would be likely to enroll under Medicaid expansion* and the approximate cost.

In the PCG analysis they reported that there are 73,000 uninsured under 100% FPL, and 77,000 between 101-138% FPL. Dr. Waitzman came up with about 102,000 eligible. PCG estimated likely enrollment at 45,000 below 100% FPL and 47,000 between 100-138% FPL. In the PCG analysis, they used the historical data that even though these populations are eligible, only 60-70% of children eligible for Medicaid/CHIP are actually enrolled. Dr. Waitzman estimated that 77,000 individuals would become eligible who are below 100% FPL and 25,000 who are between 100-138% of FPL.

One thing that's sparked our interest is that Dr. Waitzman predicted a 75/25 split between the lowest income group and the next higher group, where PCG had predicted closer to 50/50. We have asked CMS

for a number of people enrolled in the marketplace in the higher income group. We think Dr. Waitzman's total numbers may be very similar to PCG's, but the state is taking a closer look at the reports. The State would like to know who the uninsured are, what kinds of jobs they have, etc.

Dr. Waitzman took out two large groups. One was people who would already be eligible for Medicaid today. Those were parents who were under 40% FPL. The other was the number he estimated was undocumented. He arrived at 103,000 individuals who would be newly eligible.

Director's Report

Next Steps on Priority Voting

Since the July meeting, the Department has received guidelines from the Governor's Office of Management and Budget. The Division of Medicaid and Health Financing has taken the Committee's list into consideration as we made our recommendations to the Health Department. Every year this process varies slightly. Internally, DMHF processes its building block request list. GOMB has mandated that agencies attempt to self-fund those initiatives whenever possible.

1. Adult dental was put forth to the Department. We have submitted this to the Governor for the last couple of years and it has not been in the budget.
2. Governor's Medicaid expansion. We are working on our part to ensure that all of the budget requests for this program among all of the agencies will be coordinated. (Would have impact to the Department of Health, Department of Workforce Services and several others).
3. We are looking at different options for cost-effective ways to alleviate pressure on the Technology Dependent/Travis C. waiting list. The Department is exploring whether there may be individuals who may be receiving facility-based care who could safely transition to the waiver.
4. Adult vision coverage: It would be very difficult to get both dental and vision, so we will not submit a building block request for adult vision. It will remain on the complete list of requests, but will not be an item the Division is heavily recommending.
5. Increased funding for the Aging Waiver would come from the Department of Human Services.
6. We have consistently tried to include Transition funding into our caseload/utilization budget item.

The following items were lower on the MCAC's recommendation list, however, they are either items which are existing commitments that were funded with one-time money, or are being proposed due to programmatic structural considerations.

7. Continued funding for the mandatory 2% ACO increase is a part of our commitment to the ACOs. We will also be recommending that the ACA premium tax continue to be funded.
8. We will recommend the increase for nursing homes. We haven't been able to keep pace with the Medicare OPPS, so we have recommended that the Department request this money. Legislation was passed in previous years to tie Medicaid reimbursement to Medicare, however Medicaid has not kept pace. This is being proposed to prevent this payment gap from continuing to grow.

The Governor's budget will be released to the public in early to mid-December.

Debra asked again about the adult vision benefit. Michael said that he brought the MCAC's recommendations forward, but in his experience, there is a limit to the number of building blocks we can get.

Medicaid Expansion Update

We are about as far along as we can get with our discussions and we are waiting for a decision from CMS. We have met with them every week for about 12 weeks to build the plan. Our next meeting is scheduled for this Friday, when we're hoping to get some final feedback for our proposal. The Governor proposes a work requirement, and we are also negotiating cost-sharing proposal. Both parties are discussing the out-of-pocket exposure for those in the expansion population; trying to balance premium amounts along with issues such as increased cost-sharing for ER use in non-emergent situations. Once we get final approval from CMS, the Governor will try to get things finalized with HHS Secretary Burwell.

Other Business

Debra asked about a few more issues. She said that clients like the idea of the new Medicaid card, but she said that the card itself is flimsy. She wondered whether there are plans for a new card. Michael said that we will evaluate the replacement needs as the program goes forward. If clients do wear out their cards or lose it, DWS can send them a new one. If the volume of replacements gets high, the State may evaluate the materials/process used to produce the cards.

Adjourn

With no further business to consider, the meeting adjourned at 2:35 pm.