Medical Care Advisory Committee

Minutes of Meeting March 19, 2015

Participants

Committee Members Present

Russ Elbel, Andrew Riggle, Tina Persels (by phone), Lincoln Nehring, Warren Walker, Mark Brasher, Mark Ward, Steven Mickelson, Debra Mair, Danny Harris, Rylee Curtis, Sarah Carbajal-Salisbury, Michelle McComber, Michael Hales

Committee Members Excused

Jackie Rendo

Committee Members Absent

Kevin Burt, Jason Horgesheimer, LaVal Jensen, Donna Singer

UDOH Staff

Emma Chacon, Nate Checketts, John Curless, Jeff Nelson, Rick Platt, Jason Stewart, Tonya Hales, Randy Hicks, Craig Devashrayee, Andre Baksh, Kolbi Young,

Visitors

Dr. William Cosgrove, Kris Fawson, Doug Springmeyer, Joyce Dolcourt, Jennifer Lloyd, Russell Frandsen

Introductions

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

New and Retiring MCAC Members and Open Seats

Russ introduced Sarah Carbajal-Salisbury as a new MCAC member representing the minority community.

Russ asked for nominations from the business community.

Russ presented plaques to Warren Walker and Lincoln Nehring as they concluded their service on the MCAC.

Executive Committee Election

Russ asked for nominations for the executive committee. The executive committee meets once a month and sets the agendas for the meeting. The appointment is for two years. Lincoln nominated RyLee Curtis and Danny seconded. The committee elected RyLee to the executive committee.

Lincoln brought up that the local mental health authorities would like to participate in the MCAC in a more formal way. Michael replied that the bylaws govern the MCAC's membership, so the executive committee can explore adding a seat for the local mental health authorities. There would also need to be another consumer seat added to maintain balance.

Minutes

Mark Ward moved to approve the minutes of the December meeting. The motion was seconded and passed.

New Rulemakings

Craig Devashrayee presented the new rulemakings. His report is attached to these minutes.

Steven asked about R414-6. Craig clarified that the repealed rule has not been in effect for a long time; the rule change simply removes the outdated text.

Budget Update

Rick Platt reported on Medicaid enrollment.

The Division served 281,802 individuals in February 2015, and increase of 4,923 from January. There has been a significant increase since the last time we met, and Nate Checketts will address the reasons for the increase later in the meeting.

Steven asked whether PCN enrollment is still open. Rick replied that enrollment closed in December. Michael explained that we have not determined when the next open enrollment will be. The State monitors the number of individuals with and without dependents and new enrollment periods occur when total enrollees drop below a specific level.

Dr. Cosgrove asked how many of the current members are covered by ACOs. Michael replied that 170,000 of the 280,000 Medicaid members are covered by an ACO program. PCN members are not covered by ACOs.

PRISM Project Update

Jason Stewart reported on the progress of the PRISM project.

A recap was provided on Release 1 and 2 which included updates to the Medicaid website and provider eligibility look-up tool as well as Healthbeat – an internal reporting tool for Division leadership.

Release 3 will include eMIPP, Provider Enrollment, and Provider Credentialing services. It will automate many parts of the current process. It will be released in December 2015. Provider testing will take place in September and October of 2015.

Michelle McComber pointed out that it will be complicated to roll out release 3 at the same time as ICD-10. Michael pointed out that ICD-10 is on a mandatory Federal timeline. Existing providers will simply have to validate their information in the new system, and the testing will only involve a handful of providers who volunteer. Providers will not have to re-enroll, only confirm existing information. New providers will need to enroll through the new system.

Jason clarified that the providers will still be paid out of the legacy system until Release 4. At some point in 2016, providers will all have to validate their data in the new system.

For the provider testing, we will recruit providers to come in for two hours at a time to help us test the system. We will be attending more outreach meetings, telling providers what the new process will look like, through the spring and summer.

Michelle asked whether Medicaid would be doing dual claims for a while (i.e. accepting claims in both ICD-9 and ICD-10). Jason said that CMS will have a tool to help providers. Michael said that Medicaid will not accept ICD-10 claims prior to October 1. UHIN is working on some tools for the transition afterward.

Provider participation is requested for assistance with system testing, input on messaging (how the word should be spread to providers), and material review.

There is a PRISM section on the Medicaid page for more information: https://medicaid.utah.gov/prism

Russ asked whether the attestations will be part of this system. Jason said that the PRISM system will read the same databases that we currently search manually. Providers will still have to attest, but the attestation documents will be uploaded through the provider portal.

Program Growth and Woodwork Effect

Nate Checketts reported.

There is constant growth in the Disabled Adult and Adults over 65 categories. There is very little fluctuation in these categories; they grow at a fairly constant rate.

In the last few months, children, pregnant women, and adults have grown rapidly. One of the reason we think that's growing is because families are being transferred to Medicaid from healthcare.gov during open enrollment.

Andrew asked whether a good portion of the Medicaid increase is from the CHIP transition. Nate said that the CHIP transition is complete.

Sarah asked whether this information is available by ethnicity. Nate said that the self-reported information is available, but not all of the applicants answer that question and the information is not as reliable as it might otherwise be. Nate said that he would follow up on this for the next meeting.

Mark Ward asked why there were applications that come from healthcare.gov in mid-year. Nate said that those could be due to people with changes in life circumstances people who apply outside of open enrollment for other reasons.

Outreach

Dr. Cosgrove asked what was being done to encourage children who are eligible but have not applied to enroll in these programs. RyLee said that most of the outreach happens during open enrollment. UHPP has also run a pilot program to enroll individuals coming from jail, and many released individuals aren't eligible, but their children are. Sarah said that community organizations are key to educate the community.

Dr. Cosgrove asked whether we could leverage the PTA to find eligible kids. Nate said that we have sent materials to school districts, and the larger districts have their own outreach or enrollment assistants. Michael suggested that the community organizations reach out to the school districts. Sarah pointed out that there are still cultural barriers in the school districts. Mark Brasher raised the issue of child

support—whenever a Medicaid case is opened, ORS may get involved. This might be a barrier to some families.

Nate explained that the "woodwork effect" refers to people who are already eligible, but for some reason haven't applied. There are two major events that have drawn these folks out: One is the introduction of healthcare.gov, which funneled eligible people to Medicaid. The Medicaid expansion discussion is likely to trigger another wave of woodwork effect. (RyLee suggested "welcome mat effect" as a kinder, gentler term.)

Andre Baksh explained his analysis of economic indicators. Through this analysis, he concluded that about 13,000 children came from the woodwork effect. Nate concluded that a high percentage of the population can be reached and covered.

Director's Report

Michael Hales reported.

Companion Filing SB98 and SJR4

These pieces of legislation tie the funding for the ACO growth rate to the general fund growth rate.

Emergency Medical Services Amendments

SB 172 creates an assessment on emergency medical transporters in order to claim the maximum reimbursement. Medicaid reimbursement is currently approximately $150/trip. This legislation creates an assessment on EMT services, allows funds to be drawn down in order to increase rates, similar to what Nursing Homes have done. Due to this, the maximum rate of ~$650/trip should come down in future years while allowing providers to receive greater compensation for Medicaid recipients.

SB61, Sen. Hillyard, Medicaid Audit Amendments

Directed UDOH and OIG not to reimburse audit contracts on a contingency basis. It also sets criteria for the use of extrapolation of data in recoveries.

HB199 – Waiver for Children with Disabilities and Other Complex Medical Conditions, Rep. Redd

We will submit an HCBS waiver for medically complex children, the State's 8th HCBS waiver program. We will run this pilot program for 3 years. The legislation requires an application to be submitted to CMS by July 1, 2015, which would lead to an October 1, 2015 implementation date. This committee has heard testimony from families who asked for this service. The appropriation request was initially for $3.2M/year, but ended up being the amount for all three years. It was estimated that about 500 children per year could be served – this number will be closer to 160-170. A random selection process will be used, similar to the Medicaid Autism Waiver.

CHIP Amendments HB75

Made changes to the composition of the CHIP Advisory Council and did away with the competitive recruitment for services.

HB28, Rep. Kennedy

Prohibits ACOs from imposing differential payments for emergency services and convenes a council to increase access to primary and urgent care services for Medicaid recipients. Individuals interested in serving on this stakeholder committee should contact Josip.

SB164, Sen. Shiozowa, Healthy Utah

SB164 was essentially a 2-year pilot of Healthy Utah. It passed the Senate, but failed in the House Business and Labor Committee. Rep. Dunnigan proposed a bill (HB446) to increase Medicaid coverage for adults. This passed the House and wasn't acted upon in the Senate. The House and Senate passed a joint resolution to come to a compromise on the different proposals by July. The recommendation to cover only medically frail individuals failed in the Senate. (SB153, Sen. Christensen). A proposal to adopt full Medicaid expansion (SB83) also did not pass.

Danny asked about the Utah Cares plan, which would have included a mental health benefit in PCN. He wanted to know why that proposal didn't change the fiscal note. Michael replied that the bill didn't necessarily add a mental health benefit, but expanded the pool of primary care providers who could prescribe mental health medications. It also added antipsychotic injectable drugs in an ambulatory setting. Michael said that the amount that would be appropriated under Utah Cares is set, and we would need to work within that. The projection included 41,000 adults in PCN. We anticipated that there would have been a budget shortfall in 2017, because 2016 would have been a ramp-up year with not as many member months. We will have had to come back and request $14M more in general fund.

Joyce Dolcourt asked what the chance would be of having the Federal government approve a PCN expansion. Michael said that it was questionable, but if that's the best Utah is willing to do, they might consider it. CMS feels they have already given us flexibility with real-time negotiations, which might not continue to be available. They have not made a policy commitment on whether a PCN expansion could be approved. CMS has stated that they would not approve any new programs with enrollment caps or limited benefits, however there appears to be consideration for a targeted waiver in Virginia for about 20,000 people which would not include inpatient coverage.

ACO expansion to rural counties

After July 1, the plan is to move to mandatory ACO enrollment in at least six counties: Box Elder, Cache, Summit, Tooele, Iron, and Washington counties. Rich, Wasatch, and Morgan counties are also being considered. There is a lot of education to be done in the provider community as well as with the clients. We will be working through that in the coming months.

Anesthesiologists will be able to increase their rates by about 30%.

At the Federal level, decisions on how to fund the CHIP program have led to State funding questions. Traditionally, the CHIP program has been 80% federally funded, however, current proposals have this at 100%. With this uncertainty, the Utah legislature decided to move $12M from the CHIP budget to fund other 1-time initiatives. Should funding be reduced to its normal level, this could mean a state shortfall.

The legislature took over $15.4M out of Medicaid and CHIP as a negative supplemental. This got spun into a $20M shortfall. There was no new appropriation given in FY2016. We still made it through the fiscal year, largely on the savings of the woodwork effect that did not materialize. This is one of the challenges if we get behind in funding the program.

Adult Dental

Adult dental did not get funded. We asked for $3.2M. They gave us $1M in one-time and $1M in ongoing funding and asked what we could do with that. We can't reasonably create a program on that, so we withdrew our request. The last time adult dental was funded was in 2009, and that was only for elderly and disabled adults.

ICFID/Transition

ICFID facilities got a rate increase to help raise pay rates for staff salaries. The transition program will also continue in FY16, with funding to assist approximately 16 individuals.

PRISM Funding

MMIS replacement got over $5M in one-time appropriation. That leaves a little more than $2M to ask for next year, and finish the project.

Physician Rate Increase

Physician reimbursement increase was a total of $5M. This is about 80% of the funds needed to bring reimbursements to Medicare rates.

ACA Tax

Health Plan Tax (ACA tax) for ACOs will be funded.

Travis C. Waiver

9 additional children will be funded under the tech dependent waiver.

Suspension vs. Termination of Incarcerated Members

Andrew asked if Jeff can give a status report on the suspension vs. termination question for released inmates. Michael stated this could be an agenda topic for a future meeting.

Adjourn

With no further business to consider, the meeting adjourned 3:40 pm.