Medical Care Advisory Committee

Minutes of Oct 21, 2021

Participants

Committee Members (via phone)

Jessie Mandle (Chair), Michael Hales, Stephanie Burdick, Jenifer Lloyd, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Adam Cohen, Dr. Robert Baird, Joey Hanna, Dr. Cosgrove, Alan Ormsby, Jennifer Marchant and Mary Kuzel.

Committee Members Absent

Christine Evans, Nate Checketts, Gina Tuttle, and Michael Jensen

DOH Staff (via phone)

Emma Chacon, Tonya Hales, Eric Grant, Josip Ambrenac, Laura Belgique, Gene Cottrell, John Curless, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Todd Neff, Jeff Nelson, Brian Roach, John Slade, Greg Trollan, Jennifer Wiser, Sharon Steigerwalt and Dorrie Reese

Guest (via phone)

Scott Allocco, Michael Allred, Ciriac Alvarez, Tyler Cain, Rachel Craig, Marcia Damm, Jeannie Edens, Russ Elbel, Julie Ewing, Matt Hansen, Brandon Hatch, Kory Holdaway, Michelle Jenson, Kristeen Jones, Carol Leonard, Jones, Jessie Liddell, Elisa Napper, Joni Nebeker, Linda Powell, Destiny Rockwood, Caitlin Schneider, Stacy Stanford, June Taylor, Sunny Tohunter, Eric Van Ogle, Ryan Westergard, Chad Westover, Sherri Wittwer, Todd Wood, Sheila Young.

Approval of Minutes:

Michael Hales made the motion to approved the August 19, 2021 MCAC minutes. Joey Hanna seconded that motion. The group unanimously agreed.

Open & Public Meetings Act Notice of Virtual Meetings:

Jessie Mandle announced that we will be holding these meetings virtual until further notice.

Nomination for HCBS/Home Health Provider Representative:

Jessie Mandle announced that there is an opening for a HCBS Home Health Provider Representative, please email nominations to Sharon Steigerwalt at ssteigerwalt@utah.gov .

Committee Member Updates:

Alan Omsby asked if there were any funding opportunities that are available through Medicaid or the ARPA funding for addressing some of the challenges around homeless.

Emma Chacon stated that as part of our 1115 Waiver adult expansion amendment, we included a request to provide services for homeless individuals to provide some support for supportive living services, case management services, tenancy services to help people apply for housing, and work with individuals to help them stay in housing. CMS is close to approving this amendment.

Tonya Hales mentioned that the state included support for housing related services for individuals enrolled in HCBS based waiver programs in our ARPA 10% FMAP Spending Plan that was submitted to CMS. We are still waiting for approval on this part of our plan. We included some of the same services that were included in our 1115 waiver amendment such as helping people with applying for housing, vouchers, applying to rent a particular unit, helping people pay for a one-time deposit, providing needed supplies, or furnishings that would help them have some stability in a new housing community if they didn't already have those things.

Stephanie Burdick asked what provider group can do those services?

Tonya Hales mentioned that it would be with a provider that is enrolled in a Home and Community Based Waiver. For example, if someone on our NCW program needed a new mattress we could make a 1-time purchase through a fiscal mediator a (Financial Management Services Entity) that helps to make those purchases, and then the enrolled case management agencies in this example the NCW help to work with the person to find out what their needs are, then the case management agency works with the financial mediator to make the purchase.

Sheila Young (Molina) asked if there is also going to be an option for people to be self-directed where by the fiscal mediator would be the one that would pay the caregiver like the person employees like they are the employer and then the fiscal mediator pays them directly.

Tonya Hales mentioned we have a self-directed option in every one of our waivers right now. So, if an individual wants to hire say a neighbor or a family member to help provide personal care and they are enrolled in one of the HCBS waiver programs we have a mechanism to support that. It works exactly as you described. They work through a financial management services agent, they submit their timesheet and then the agency pays them directly.

Jessie Mandle mentioned that today is the last day to submit comments on the Utah Waiver Renewal Application, Also, I just learned recently that the CMS portal is having issues, CMS is working to fix it.

Communication Committee Update:

Jeff Nelson mentioned that he is hoping that over time we can get more feedback from the community on new or revised notices and letters.

Muris Prses mentioned that the process does not work without community advocates and your feedback. I think it was a good experience, and I look forward to the continuation of this discussion.

Jessie Mandle mentioned that there is a spreadsheet to keep track of existing notices. If anyone has any letters/notices that you have questions about or if you would like to get more involved in the Notice Committee, please email Jessie at jessie@utahchildren.org

Interoperability – Provider Directory Demonstration:

Brian Roach gave a demonstration on the on-line Provider Director. The purpose of this demonstration is to make committee members aware of this new tool and to help us get the word out to providers and members.
Medicaid Provider Directory (utah.gov)

Questions:
Jessie Mandle asked what is Interoperability?

Brian Roach mentioned that this particular item came out of the 2020 Care Act – Interoperability Access Rule that went into law March 2020. With that requirement we need to make sure that all this information is available through an API (Application Programming Interface), potentially individuals would be able to use a smartphone that would be able to interface with our data and use it in an app of their choice. There are also some additional requirements under that interoperability rule around patient access to data and further data sharing with CMS.

Stephanie Burdick asked how would a member find a Mental Health provider? I don't know if this would be different because of the local mental health authorities.

Brian Roach mentioned yes, certainly mental health plans can assist in finding a provider and most of them do have provider directories on their own websites.

Emma Chacon mentioned if all else fails, the best thing to do is to encourage the member to call a Health Program Representative (801-537-9222 or 1-866-608-9422., They can involve our behavior mental health team who will reach out to the Prepaid Mental Health Plan directly to help that person find a provider or if that person is not happy with their existing provider and they want to find someone else they can help with that as well.

Jessie Mandle asked how often the Medicaid provider directory will be updated.

Brian Roach stated that as providers update their information or if providers are added, the new information will show up the next day.

FY2021 Medicaid Budget:

Eric Grant discussed FY2021 Medicaid Budget.

The document which was presented is embedded in this document

Medicaid Closeout.pptx

Questions:

Michael Hales asked when we were looking at this fund and the information presented to the legislature last November, the forecast balance was going to be around $80-90M at the end of FY21. The revenue was estimated $110M, so we exceeded our revenue projections substantially, but the expenditure is quite a bit lower then what has been projected. Presumably on the enrollment in Medicaid Expansion which has been a lot higher than many would have guessed, given the maintenance of effort. Also, you spoke about the pharmacy expenditures, is that offsetting some of these expenditures a little bit?

Eric Grant mentioned yes, that definitely is. Another thing we noticed in the TAM population is that the per member per month cost has been dropping for over a year. It seems like it was higher initial need, but now that we are deeper into the program and they have met that pent-up demand, their costs are looking less than we anticipated.

Michael Hales mentioned now we have a $158.9M as of the end of FY21 and that includes $56M being taken out of FY20 and FY21, and that is scheduled to come out of current FY as well. The other question I have is what about the Expansion Fund contracts, it seems like all of the Health Plans are expecting to have expenditures outside of their risk corridors on the contracts. How did your account for that? Did you book a payable for the expansion fund or is that just going to come out of the FY2022 balance?

Jessie Mandle asked is the expansion fund $158M minus the $56M?

Michael Hales mentioned No, that is the actual balance as of June 2021. In the year, there will be a new revenue, expenses and another $56M withdrawn.

Eric Grant mentioned that is a good point, we did book payable for those risk corridor settlements, but they were booked in general. But, I don't know if it was anticipated or that it would hit against the expansion fund. But, that is a very interesting point, we will probably have to look into that. Your right the majority or those payouts would definitely come from the expansion fund.

Michael Hales mentioned with that revision that could possibly drop the balance.

Eric Grant mentioned most definitely it will. Thank you for that clarification Michael we will take that into consideration.

Stephanie Burdick asked if Eric and Michael can explain that last conversation, that did not make sense.

Eric Grant mentioned in our managed care contracts for the Adult Expansion group. We have a two-way risk corridor for these first few years. If a plan has a medical loss ratio (MLR) above a certain range they have to pay us back. If they are below a certain range we have to pay them. Because these programs expenditures relate to expansion we booked a "payable" meaning we are anticipating we have to payout additional dollars to some of the plans. So, we put that on the state's books. But, as Michael clearly pointed out those funds would have to come from the expansion fund not the state's general fund. So, we are going to have to make an adjustment, and make sure that those "payables" hit against the expansion fund rather than the general fund.

Stephanie Burdick asked does that mean the new enrollees needed more care then originally projected? Am I understanding that correctly?

Emma Chacon stated because we didn't have a good sense of what the per member per month costs of this group were going to be the plans were concerned about the level of risk they may have When we established rates for this group, we really did not have a lot of historical information on their utilization. So, we agreed to establish these rates, but also included a risk corridor

Stephanie Burdick asked do we think that might be related to COVID hospitalization data?

Emma Chacon stated when we added the Adult expansion group, we knew they previously didn't have access to healthcare. We also knew that a number of these individuals were homeless, had chronic medical conditions, had mental health and substance abuse disorders. We also knew they had pent up demand for healthcare. However, we didn't have any history about their utilization. We time to gather additional utilization data to develop more accurate rates that reflect their actual costs. We didn't want to put the plans in risky financial position, so we created a risk corridor for a couple of years in our managed care contracts for this purpose.

Michael Hales stated I think the risk corridor actually protects the state too, because if the rates have been set to high there would have been a big windfall that the health plans would have got. So, that really is an effort trying to baseline accurately the expenditures for the ACO's.

Michael Hales asked on the Pharmacy Rebate did you go back and restate prior years expenditures for the expansion fund, and will make the adjustments with general fund or just FY21, as the first time the rebates have been accurately accounted for, and will that be the process going forward?

Eric Grant mentioned just FY21

Jessie Mandle asked for clarification on the pharmacy rebate. Why are we going back, and what are we doing differently?

Eric Grant mentioned we receive rebates from pharmaceutical manufactures on products that are used by Medicaid clients. We have to allocate those rebates across Medicaid line and how much goes across the expansion fund.

Michael Hales asked on the Medicaid service line item your saying you are lapsing budget the $79M that went into the Medicaid restricted account? Or where did that lapse to?

Eric Grant mentioned No, that is all authority being lapsed. For expendables' special revenue accounts, if we don't have expenditures that justify we have to lapse back that authority, so it really is authority that is lapsing back not actual dollars.

Michael Hales stated but the non-lapsing $17.9M, that ends up going into the Medicaid restricted account?

Eric Grant stated no, it is non-lapsing, it remains in the Medicaid expansion budget.

Michael Hales asked are you keeping that? How much gets put into the Medicaid restricted account as of this FY21 closeout?

Eric Grant mentioned nothing would. Basically, we only would have lapsed authority and any non-lapsing remained in the Medicaid budget.

Michael Hales asked since January 2020, the Federal Government has given the State enhanced federal match of 6.2% of Federal funds on the Legacy population (not effecting the Expansion population. Roughly on a quarterly basis what is that amount?

Michael Hales asked if the state received a windfall roughly $45M per quarter, which is around $180M per fiscal year where has the money gone? We recognize some of the money stayed with the program because of the maintenance of effort, requiring additional people to stay on the program, but how much has been transferred to other parts of state government or it just remained within your Medicaid services line item along the lines of your lapsing authority to cover all necessary expenditures. How is that going to eventually going to be reconciled?

Eric Grant stated the easiest way to look at that is to look at the fixed funding between 2020-2021. You can see that we had a reduction in our general fund appropriations that reflects the general fund savings as a result of the additional Medicaid federal funds. You can also see that our expenditures went from $3.3B to $3.7B, so you can see there is about $ 4M more in expenses with less general fund to support that. That is a direct result of the MOE.

Michael Hales asked when you say fixed funding is that general fund appropriation and federal funds?

Eric Grant mentioned no, federal funds would be in the revenues and you can see by the magnitude by that. The fixed funding would be the general fund appropriations, expansion fund appropriations, so any of those restricted funds that come from the legislature.

Michael Hales asked so, all state funds regardless of source coming in is your fixed funding?

Eric Grant stated transfer and expendable receipts come under revenues.

Michael Hales asked with offsets from dedicated credits and other funds?

Eric Grant mentioned they are calling those all expendable receipts now.

Michael Hales asked so your cuts, are you basically saying they took roughly $22M out of your fixed funding 2020-2021? But, you had that for same period $180M of increased federal funding? So, that still seems like a pretty big difference, even if your account for $450M of additional expenditures.

Eric Grant mentioned he is missing the $180M in federal funding?

Michael Hales mentioned if you are saving $45M quarter, and we have 4 quarters, (4x45=$180M) of savings to the state because you are presumable making comparable expenditures with better federal participation for a lot of these expenditures. But, you are spending more money on people who otherwise wouldn't be enrolled on the program.

Eric Grant mentioned that you would have to remove non-lapsing out of there, so that $160M vs that $450M that is pretty close to the match rate.

Michael Hales mentioned than trying to pull out the people who are expansion related who are not getting the enhanced match. So, roughly if you had an increase of Medicaid match of $180M, roughly what percent of that do you think is being spent on new enrollees that otherwise the state wouldn't have been spending money on?

Eric Grant mentioned that is a hard question, we had projection models showing how quickly enrollment was projected to ramp up. Oddly enough despite the COVID pandemic those numbers have not deviated to far from our projections. So, we really don't have a really good methodology for teasing out how many of those people are solely due to the maintenance of effort verses how many are due to just the normal ramping up of Medicaid expansion.

Michael Hales asked let's just pretend there was no maintenance of effort, and everything you experienced for caseload and expenditures would have been normal. Then the additional federal funds and the $180M per FY is that enough to cover everything you are experiencing in term of the difference?

Eric Grant mentioned without the additional FMAP, it should have been enough if all the growth was in the expansion. However, that is just one category that we see growth, we have also seen significant growth with children. So, again it's hard to tease those out because of the factors with expansion. We don't have a good methodology to determine which of these kids are on because of the maintenance of effort or not.

Emma Chacon mentioned I think the concern going forward is that our caseload has grown by 146,000 individuals at least close to 80% of those individuals are in capitated plans. We know that some of the 146,000 individuals are going to stay on, and the 6.2% is going to go away. this is going to create a funding gap that we will need to address in FY2023 and in FY2024, depending on when the 6.2% goes away.

Michael Hales stated. I am just trying to get a sense aside from all the detailed calculations of how much the state has either benefitted or lost because of this maintenance of effort and the enhanced federal match. And you are saying that you have been able to reduce your state fixed funding from FY20 to FY21, from $715M to $693M, so that seems like that is roughly $21M-$22M FY savings to the general fund's appropriations, and your expenditures have gone up substantially. At a minimum, then you have the lapsing, I am not sure how to interpret your $92M to $79M, has the $92.3M lapsing from 2020 been incorporated in the 2021 lapsing figure?

Eric Grant mentioned that it is going to be hard to do that comparison and here is why. In 2020 we didn't have the full carryover authorities so part of that lapsing funds would have been actual money lapsing back to the Medicaid restricted account. So, it is not really a comparable number to compare the $92M to $79M because we were operating under a different set of rules.

Emma Chacon mentioned I do think that is fair to say Michael the other things we talked about we need to do some modeling in terms of when we think the PHE is going to end and how quickly DWS can get through reviewing cases and how people will fall off. But, yes there is a little bit of cushion, very likely it is enough.

Michael Hales states you've got the non-lapsing that you kept in your budget, $17.9M, that may be added to or taken away from as you go through consensus. But I guess with regards to the $79.5M in lapsing, you are just saying that in spending authority for these other accounts that really doesn't play into this discussion at all, as it is carrying forward here.

Eric Grant mentioned that is correct.

Michael Hales asked from FY20 to FY21 the state saved the difference between your fixed funding amounts of $715.2M to $693.6M that $20M was roughly saving which was able to redirected to other parts of state government or the Medicaid program, and then you are loosely trying to fund the cost of the maintenance of effort with the remaining funds and have $18M left over as assuming everything else was perfectly budgeted. So, between those two I would say about $40M assuming you have no cushion in your budget from FY20 to FY21 you would add $2.1M of non-lapsing as you closed out FY2020, roughly $40M of the $180M has been saved between F2020 and FY2021 whether it was by reduced appropriations in your fixed funding category and maybe the $17.9M should be offset by the $2.1M , so maybe another $15M.

Eric Grant mentioned part of that non-lapsing in this budget is the PRSIM fund.

Michael Hales mentioned so, roughly $30-$35M is a reasonable estimate is what the state has experienced in the $180M, a lot of that is actually is being spent on the maintenance of effort realistically or at least more than half would be a reasonable estimate.

Eric grant mentioned yes.

Jessie Mandle asked what change on the lapsing authority?

Eric Grant mentioned that came from intent language.

Jessie Mandle asked, was that just for Medicaid or was that for all?

Eric Grant mentioned just for Medicaid, it was strictly due to the MOE, and their understanding that we really didn't have a good basis to determine the impact in the MOE would have on the program. What is going on now is unprecedent and none of our financial or forecasting models could have predicted it. So, just with that uncertainty they gave us the authority to lapse any funding that remains.

Stephanie Burdick asked what impact this all has on the risk corridor settlement with the ACOs?

Eric Grant stated, earlier on I mentioned MLR (medical loss ratio), which is a calculation which is done to show how much of the money that is paid to a managed care plan actually was for services, so that MLR is the basis for the risk corridor settlement.

Michael Hales mentioned thinking back to the conversation Stephanie is tying the two things together. Emma you made a comment because people are enrolled in capitated plans that state is making a payment every month whether they are using services or not. While a large percentage of the expansion population has been enrolled in a capitated arrangement as the plans have experienced their enrollment and the expenditures related to those members they have exceeded what the actuaries set the rate had expected would be paid out. There has actually been more money paid out then the actuaries would have predicted for the expansion population and that is going to require a settlement in the risk corridors that will take additional money out of the Medicaid expansion fund to settle up those contracts to make sure we get the rates established on an accurate baseline going forward.

Jessie Mandle asked in looking forward to when the PHE ends, how does this factor into keeping people enrolled while we go through renewals. Do you feel comfortable where we are at now, to be able to move forward?

Emma Chacon stated I think the question for us and all states, is when does the 6.2% enhanced funding end. Right now, the enhanced federal match, ends much sooner than when the eligibility renewals will be completed Therefore all states are going to potentially not have the additional enhanced federal funding while we still have a lot of individuals still on the program who may not be eligible. We are anticipating that there is going to be a funding gap. How we address that, is going to depend on how the federal government reacts and what amount in General Fund will be needed. is We have made the Governor, and Chief of Staff, GOPB and some key Legislators aware of this issue.

Emma Chacon stated as we get more information on this issue we will update the committee and the public. We had anticipated that the PHE would be over at the end of this calendar year. It was extended into the new calendar year. all of this depends on when the Secretary of Health and Human Services declares that the PHE is ending.

Medicaid ARPA Funds:

Emma Chacon discussed Medicaid ARPA funds

American Rescue Plan Act:

Increase Enhanced FMAP by 10% for spending on Medicaid Home and Community-Based Services (HCBS), as well as rehabilitation services for behavioral health and school-based skills development program. Submit plan to CMS by June 14, 2021.

The document which was presented is embedded in this document.

American Rescue Plan Initial Spending F

Questions:

Jessie Mandle asked do delays in approval mean the funding is extended? Are we losing out on funding when the approval is delayed?

Tonya Hales stated that when a provider completes the online attestation, the provider will receive the supplemental payment back to the first quarter beginning April 1, 2021, as long as they have submitted their attestation to us within the first year.

Managed Care Entities' Vaccine Efforts:

The Health Plans gave an update on Vaccine efforts.

Todd Wood-Select Health: Implemented an incentive $100 cash or Visa Gift Card for individuals to get vaccinated, we have seen a good uptake in individuals getting vaccinated. We are providing this for all our lines of business also for Medicaid & CHIP which we are concerned about here. We have been making a lot of efforts to communicate this to our membership including direct mailings, website social media posts, and working with some community partners. Our multicultural community relations specialist has done several events where he has spread that word. If you want additional information go to Get Vaccinated | SelectHealth

Brian Monsen-Molina Healthcare: Similarly, ours is only geared towards Medicaid and CHIP at this point, but we do offer gift card incentives as well., which are $25 for getting vaccinated.

Julie Ewing-HealthyU: We have taken a four-prong approach on getting our members vaccinated. The first approach was an educational campaign, which consisted of mailing postcards, emails, creating video's, explaining to folks that they can get vaccinated at no cost, and to provide folks with information about the vaccine to help combat the misinformation that out there, The second prong is direct engagement, which includes community outreach in various languages (English, Spanish, Arabic), clinical outreach, so our clinical outreach team sends reminders to members to remind them about their appointments for second dose They have been targeting members who might be at high risk for hospitalization, and we have actually partnered with Community Nursing Services to give shots in home to vulnerable patients. We have been taking our list of unvaccinated members and tying that back to our PCP attribution. We are asking the provider to reach out the member. We know that is more successful when the members PCP is talking to them about the vaccines. For our third prong we are consistently updating our data, and we use a dashboard to monitor our progress. Finally, we have initiated vaccine incentive $50 for HealthyU members who are vaccinated between September 25-December 31, 2021. We might extend that program after December 31st just depending on how successful it is.

Kristeen Jones-Health Choice: We have been doing some information campaigns. We have also included our Care Managers. When they are speaking to our members, they make sure that they have been vaccinated. Also, we have tried to have our Customer Service Reps educating callers and then we put information out on our website. We are also doing a $50 vaccination gift card and our outreach coordinators are making great efforts in any of the events that they are attending, to make sure they are passing out cards to our members to make them aware. We are mailing a postcard letting them know of the incentive and the importance of vaccinating. Dr. Ferguson has been on Channel 4 talking about the importance of vaccines. We are really trying to educate as much as we can and to let our members know of the benefit.

Jessie Mandle asked if any of you are seeing a difference with the incentives, and how much are you seeing between the actual barriers that you were able to address to getting vaccinated verses hesitancy?

Julie Ewing mentioned that they just started their vaccine incentives, so I couldn't comment on that for HealthyU.

Kristeen Jones mentioned that is the same for Health Choice I couldn't comment on that quiet yet.

Todd Wood mentioned even with Select Health we have had our running since the end of August it is still a little early to see in the numbers whether or not it has had a impact on increasing the total number of vaccinations, but it looks like it is trending in that direction at least having a little effect in getting increase numbers.

Brian Monsen mentioned that they had a follow-up in January.

Emma Chacon states that we are still sending out monthly report to the plans showing their unvaccinated members. We will provide an update to that report we provided on the rate of Medicaid members who have received the COVID 19 vaccine in December or January.

State Agency Consolidation:

Emma Chacon gave an update on state Agency Consolidate.

- DHHS Leadership Structure
  - Operations: Infrastructure (Deputy Director – Nate Winters, Asst Deputy Director Amanda Slater)
  - Healthcare Administration: (Deputy Director – Nate Checketts Asst Deputy Director Tonya Hales)
  - Community Health & Wellbeing: (Deputy Director – David Litvack, Assistant Deputy Director Heather Boroski)
- Working on bill language to form the new department an outline of the proposed bill will be presented in the November Health and Human Services Interim Committee
- Tracy Gruber has asked the Deputies and Assistant Deputies to make recommendations regarding leadership for Divisions and Offices that will report directly to a Deputy or Assistant Deputy. Those decisions will be made before the end of the calendar year.
- In addition, work has been done to establish the number of budget line items for the new department.

The document which was presented is embedded in this document

PUBLIC 10.4.21 DHHS Leadership Structure ·

Director's Report:

Emma Chacon gave an update on Medicaid Focus Groups (Plan for improvement), Medicaid Policies, SPAs, and Rules.

Medicaid Focus Groups:

Emma Chacon mentioned that there is no update at this time.

The documents which was presented are embedded in this document.

Unerolled Medicaid Focus Group Report -

Enrolled Medicaid Member Focus Group

Questions:

Jessie Mandle asked HB262 with that request for study around disenrollment where people are losing coverage.

Emma Chacon mentioned as part of our outreach funding we are hoping that part of the marketing entity that we are trying to engage with can conduct a more in-depth study to really help us find out what the barriers are, and also from the community what people think and how can we better reach out, what are the things that we need to fix to get them healthcare coverage.

Medicaid Policies:

- Opening code #96127for Pediatric depression screening, primary care setting effective Nov 1st
- University School of Dentistry has taken over Family Dental Clinic in St. George and Ogden, Opened September, flyers are being sent out to Medicaid members in those areas to inform them that the clinics are now available.
- 1115 Renewal is on the CMS website – the CMS portal fixed
- Submitting two new Waivers before end of the year: Public Hearing on these waivers-Nov 15th (virtual) and during the November MCAC meeting.
  - Medical Respite Care Pilot (HB34)
  - Fertility Treatment Amendment (Waiver to provide services for fertility preservation for individuals including youth whose fertility may have been impacted by treatments related to Cancer diagnosis)
- LogistiCare (Motive Care) – Non-Emergency Transportation end of 5-year contract, will going out for another procurement for another non-emergency transportation vendor.

SPA's /Rules:

The document which was presented are embedded in this document.

MCAC SPA Summary 10-21-21.pdf

Enrollment and Expansion Discussion:

Jeff Nelson discussed Eligibility Enrollment

The documents which were presented are embedded in this document.

Medicaid Trends.pdf

Expansion Report_20211013.pdf

Adjourn

Meeting was adjourned at 4:03pm. The next meeting is scheduled for November 18, 2021 2:00-4:00 p.m.