Medical Care Advisory Committee Meeting Minutes

Date: July 16, 2014 **Time**: 1:30 – 4:00 PM

Goal: *Update MCAC Members on IDHW Issues*

Location: IDHW Medicaid Central Office
3232 Elder St., D-East Conference Room
Boise, ID 83705

Call-in: 1-888-706-6468; Participant Code 6360778

Moderator: Toni Lawson, Chair

Committee members present: Toni Lawson (Idaho Hospital Assoc. - Chair); Katherine Hansen (Community Partnership of Idaho – Vice Chair); Molly Steckel (Idaho Medical Association); Kris Ellis (Idaho Health Care Assoc); Yvette Ashton (Medicaid Recipient); Kara Craig (Idaho Quality of Life Coalition)-call in
Committee members absent: Cathy McDougal (AARP); Jeff Weller (Idaho Office on Aging); Tina Bullock (Idaho Tribal Representative); Senator Lee Heider (Idaho State Senate); Representative Fred Wood (Idaho House of Representatives); Representative (Dr.) John Rusche (Board Certified Physician); Tom Fronk (Idaho Primary Care Assoc); Paula Barthelmess (Mental Health Provider's Association);
DHW staff present: Lisa Hettinger (Administrator, Division of Medicaid); David Simnitt (Deputy Administrator, Division of Medicaid); Elke Shaw-Tulloch (Administrator, Division of Health); Natalie Peterson (Bureau Chief, Long Term Care, Division of Medicaid); Pat Martelle (Program Manager, OMHSA, Division of Medicaid); Matt Wimmer (Bureau Chief, Medical Care, Division of Medicaid); Rachel Strutton (Committee Secretary)
Presenters: Ross Edmonds (Administrator, Division of Behavioral Health); Robin Sosin (MSST staff, Division of Medicaid)
Committee Guests/Nominees: Courtney Holthus (Disability Rights Idaho)-nominee; Cory Lewis (Idaho Physical Therapy Assoc.)-nominee call-in

Agenda Item	Outcome/Action
Introductions and Committee Business • Review minutes from April 16, 2014 meeting • Endorsement of new election process • Election of SFY2015 Officials (Chair & Vice-Chair) o Nominations 1. Toni Lawson for Chair 2. Katherine Hansen for Chair 3. Katherine Hansen for Vice-Chair • Committee Vacancies: o Permanent Consumer/Provider Seats: 1. Jim Baugh's nomination of Courtney Holthus (Disability Rights Idaho) 2. Katherine Hansen (CPOI) seat terms 7/2014 3. Deanna Gilchrist (disabled community representative) – resignation o Rotating Provider Seats: 1. Vacated by Dr. Jack Kulm (Idaho Dental Association) – Cory Lewis of Idaho Physical Therapy Association – vote on nomination Committee Member Updates	**Introductions and Committee Business** April 2014 minutes approved as proposed New election process accepted as proposed in April 2014 minutes. Ms. Lawson named as committee Chair and Ms. Hansen named as Vice-Chair for SFY2015. **Committee Vacancies** *Permanent Consumer/Provider Seats:* Ms. Holthus' nomination accepted. The committee welcomed Ms. Houlthus. Ms. Hansen accepted a 3rd term on the committee. Ms. Gilchrist's seat was discussed. Ms. Hansen to provide Rachel with State Independent Living Council (SILC) contact information for the purpose of member recruitment. Rachel to work with identified SILC contact for potential nominees. *Rotating Provider Seats:* Mr. Lewis's nomination accepted. The committee welcomed Mr. Lewis. **Committee Member Updates** The committee members introduced themselves to the new members and shared some updates related to current association and participant activities. **Action Items** 1. Ms. Hansen to provide Rachel contact information. – completed.

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Program/Project/Association Updates • **Behavioral Health Crisis Center Update**	**Updates to Programs/Projects/Associations** *Behavioral Health Crisis Center Update* • This model if for adults only. The crisis model is based around individuals with mental health and/or substance abuse disorders who do not rise to an institutional level of care and the lack of appropriate facilities for them. • Currently law enforcement typically is called and these individuals are either arrested or taken to hospital ERs. Law enforcement reports spending up to six hours in ERs with these individuals. • The intention of the BH crisis center model is to provide a more appropriate form of interventions, for these individuals while they are in crisis. They are not medical or treatment facilities and won't replace inpatient care. • They will be voluntary facilities and walk in clients will be seen. (Law enforcement cannot force placement into these facility.) • Each episode of care can be no longer than 23 hours and 59 minutes. Individuals can re-enter for additional episodes of care. • There is one model location identified at it will open in Idaho Falls. A contract is currently being worked through between Bonneville County and the Department for this facility. Contract process is targeted for implementation end of July. • The facility Idaho Falls facility anticipates opening their doors 60 day after contract implantation and to be up and running by October 2014. • Facility staffing will primarily be Master's level clinicians, nursing staff, and certified peer specialists. • The facility will not administer medication. Staff will establish referrals to appropriate prescribers at discharge. • The estimated need is one bed per ten thousand citizens. **ACTION ITEM** 1. Rachel to identify contact information for committee members to follow up on progress of BH Crisis Center model. – completed.
• **IMA Annual Meeting Resolutions Update**	*IMA Annual Meeting Resolutions Update* Idaho Medical Association (IMA) represents about 2500 providers throughout the state. During the IMA's annual meeting a House of Delegates meets to perform the legislative function of determining what will be brought forward to the next legislative session. This year there are 23 resolutions with a number of them having to do with Medicaid: 1. Policy related to Medicaid Expansion – will advocate for private option. (Terms are yet to be defined.) 2. Medicaid Reimbursement for FQHC and RHC encounter rates. 3. Payment of dental office anesthesia services. 4. Partial hospitalization benefit for youth. 5. Bariatric surgery requirements – aligning with Medicare. 6. Not specific to Medicaid but is related is medication PA denials. The Association will be asking that denials provide an option for an approved medication. These resolutions will be voted on the week of July 21, 2014. All suggested Resolutions are currently posted on the IMA website: http://www.idmed.org. The results will be posted here as well.
• **Bureau of Systems & Project Management** (Attachment) o Implementation of Healthcare Acquired Condition edits and the Present on Admission indicator edit (Impacts	**Bureau of Systems & Project Management** Ms. Sosin provided a Power Point presentation on Healthcare Acquired Conditions and the ACA regulations related to Provider Screening and Enrollment Provider Revalidation. The presentation is included on the MCAC webpage and as an attachment to these meeting minutes. *Implementation of Healthcare Acquired Condition edits and the Present on Admission indicator edit (Impacts Hospitals)* Medicare implemented these edits a few years ago. Medicare pays with different billing codes. Medicaid's goal is to get our claims payment system to bill in conjunction with the Medicare system. These edits apply to

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Hospitals)	inpatient care only. There are federal requirements around Provider Preventable Conditions, which are more broadly defined.
o Evaluation and implementation of Provider Revalidation ACA regulations	*Evaluation and implementation of Provider Revalidation ACA regulations* Some conversation was held around Enhanced Provider Screening and the use of exclusion lists. Ms. Sosin will provide FAQs for clarification on the issue. The group requested FAQs identify changes from currently required compliance activates to new requirements specifically. The committee also request the FAQs be formatted to share with their provider networks. **ACTION ITEM** 1. Robin Sosin to provide the members with FAQs related to Enhanced Provider Screening.
• **Managed Care Initiative Updates:** o Idaho Behavioral Health Plan (IBHP) – Optum update	**Managed Care Initiative Updates** *Idaho Behavioral Health Plan (IBHP) – Optum update* Mrs. Martelle offered to develop a customized report for this committee. Suggested items to be sent through the Committee Secretary. Mrs. Martelle provided a review of current contract monitoring activities: • Optum has processed 11,000 Prior Authorizations (PAs) since April 2014. • Provider network growth is showing with an increase in member enrollment as well. • Overall utilization is up at an expected rate in comparison to increase in enrollment. • Apparent decrease in use of substance abuse disorder services. OMHSA is currently looking into reasoning behind this. • Peer support has been added as a covered service which requires PA. • Complaints, critical incidents and appeals are being tracked through the contract monitoring process. Mrs. Martelle provided an overview of the appeal process. • Telehealth services are being initiated for delivery through-out ten counties in Northern Idaho. The company to provide these services (Sequel Alliance) is currently purchasing the necessary equipment.
o Health Homes/Healthy Connections and the Governor's Medical Home Collaborative	*Health Homes/Healthy Connections and the Governor's Medical Home Collaborative* Mr. Wimmer provided an update on the Medicaid Health Homes initiative as well as the Governor's Medical Home Collaborative activities: • The next Governor's Medical Home Collaborative meeting is scheduled July 22, 2014. • There are 33 practices currently participating in the Governor's Medical Home Collaborative and an additional 20 who are also enrolled in the Medicaid Health Home (HH) initiative making a total of 53 locations. • The Medicaid HH program now serves approximately 9500 participants. • TransforMed has been named as the contractor for the evaluation portion of the Governor's Medical Home Collaborative. This is a yearlong effort to evaluate the progress of the Collaborative and make recommendations for future primary care medical home efforts. • Medicaid is currently targeting recruitment efforts on community health centers and clinics who are currently participating in other Medicaid projects or enrolled in the meaningful use incentive program and are already meaningfully using health data.
o Integrating Care for Dual Eligibles	*Integrating Care for Dual Eligibles (Expansion of the Medicare /Medicaid Coordinated Plan)* Mrs. Peterson provided an update on the Expansion of the MMCP: • Expanded MMCP went live July 1, 2014. • Expanded services include: o Personal Care Services o Aged and Disabled (A&D) Waiver

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	○ Intermediate Care Facility for the Intellectually Disabled (ICF/ID) ○ Skilled Nursing Facility ○ Developmental Disability Targeted Service Coordination (all DD Waiver services remain with Medicaid) ○ Community Based Rehabilitation Services • MMCP Enrollment increased to 700. • Home and Community Based Services (HCBS) authorizations issued by Blue Cross of Idaho (BCI) with 7/1/2014 effective date. • Authorization Notice of Decisions for HCBS with effective date 7/1/14, mailed by BCI to participants and providers. • Implemented DHW referral system for Duals interested in the MMCP. • DHW held MMCP trainings statewide with communities, Department staff, and Molina staff. DHW continues to look for effective communication techniques. • Providers enrolled successfully. • Participant connection with providers has gone seamlessly.
Personal Assistance Oversight Committee (PAOC) Update	**PAOC Updates** The subcommittee's June 18, 2014, meeting materials provided to the MCAC members. Once the PAOC has an opportunity to review and accept the draft minutes (Sept. 17, 2014 meeting) they will be available for review through their webpage.
Division of Medicaid Updates ○ Policy/Legislative Status Update ○ New and upcoming Rules, SPAs and Waiver activity ○ State Healthcare Improvement Plan (SHIP)	**Division of Medicaid Updates** *Policy/Legislative Status Update* • No updates. *New and upcoming Rules, SPAs and Waiver activity* • Mr. Simnitt reviewed the Policy Product Update Sheet. This document provides updates of new and upcoming policy activities such as Rules, SPAs and Waivers and is updated monthly on the MCAC webpage. *State Healthcare Improvement Plan (SHIP)* • The Idaho Healthcare Coalition has been working with the internal DHW team on the Model Testing Proposal (MTP) grant application. • The application is due to CMHS 7/22/14, Idaho is targeting submission for 7/17/14. • Award announcements out in October 2014. • Idaho is applying for $61 Million.
Questions & Answers **Adjournment**	*Exchange of ideas, recommendations and next meeting items.* **Suggested meeting agenda item:** • **October meeting – no suggestions received.** Post meeting suggestions can be provided by e-mail to Committee Secretary. • **January meeting suggestion received:** 1. Invite Ross Edmonds, Division of Behavioral Health back for a follow up on implementation of BH crisis center in Idaho Falls. 2. Invite Bureau of Systems & Project Management for a follow up to the implementation of Provider Revalidation ACA regulations. 3. Discussion topic: April election of Committee Chair and Vice-chair.

Remaining meeting date for 2014 (all meetings are located at 3232 Elder, Boise Idaho): 10/15/14

Bureau of Systems & Project Management

- Health Care Acquired Condition
- Present on Admission indicator
- Provider Revalidation ACA regulations

Health Acquired Conditions (HAC)

- An edit in the claims processing system will look at inpatient claims for HAC and process with the following criteria:
- All inpatient hospital claims with ICD-9 and/or ICD-10 diagnosis codes indicating potential HACs, as identified by Medicare (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/downloads/hacfactsheet.pdf) other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery.
- Services needed to treat health acquired conditions are not covered. The system will use the combination of POA indicator, procedure codes, and diagnosis codes to identify HAC in some instances. The POA indicator is required for all claims involving Medicaid inpatient admissions.
- Providers must split their claims when a claim with a HAC condition has an indicator of N or U. If Medicaid receives claims that need to be split, the claim will be denied with an EOB instructing the provider to split and resubmit the claims.

Present on Admission (POA) Indicators

- POA is defined as present at the time the order for inpatient admission occurs. The POA indicator is assigned to each diagnosis submitted. When billing a diagnosis that is included on the exempt list a POA indicator is not required and should be left blank.
- For the ICD-9 codes please refer to the ICD-9 Exemption Code List identified by CMS for codes that do not require an indicator.

POA Indicator

Code	Definition	Idaho Medicaid
Y	Present at the time of inpatient admission	Idaho Medicaid will pay for all services as usual, including those selected HACs that are coded with a POA indicator of "Y"
N	Not present at the time of inpatient admission	Idaho Medicaid will not pay for services with HACs that are coded with a POA indicator of "N" All other services not identified as HACs will be paid as usual.
U	Documentation is insufficient to determine if condition is present on admission	Idaho Medicaid will not pay for services with HACs that are coded with a POA indicator of "U". All other services not identified as HACs will be paid as usual.
W	Provider is unable to clinically determine whether condition was present on admission or not.	Idaho Medicaid will pay for services as usual, including those selected HACs that are coded with a POA indicator of "W".

Documentation

- Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission. Providers must resolve issues related to inconsistent, missing, conflicting or unclear information.
- Providers who do not code their claims correctly in accordance with HIPAA and national coding standards are subject to claim recoupment and review for potential fraud. Federal guidelines require providers to bill Medicaid correctly, and to identify these types of situations, even if the provider does not bill actual charges for the services related to the conditions.

ACA Regulations

- **The requirements of the ACA regulations are as follows:**
  - **Enrollment and Screening of providers**
  - **Verification of provider licenses**
  - **Revalidation of enrollment**
  - **Termination or denial of enrollment**
  - **Reactivation of provider enrollment**
  - **Appeal Rights**
  - **Site Visits**
  - **Criminal Background checks**
  - **Federal Database checks**
  - **NPI**
  - **Screening levels for Medicaid providers**
  - **Application fee**
  - **Temporary moratoria**

Provider Revalidation ACA regulations

- Upgrade the Medicaid Management Information System (MMIS) to align with needed system changes to accommodate the Affordable Care Act (ACA). The intent is to achieve compliance with federal requirements for Medicaid provider screening and enrollment by reengineering business processes and automation to maximize self-service provider enrollment and maintenance, while improving the ability to store, report, monitor and act on enrollment information.
- IDHW desires to:
- enhance web portal options for provider self-service enrollment, maintenance and reenrollment,
- transition information currently collected in paper documents to database fields,
- collect and store new data elements required by ACA,
- update workflows to accommodate new requirements, and
- implement system audit trails for provider enrollment data