

Medical Care Advisory Committee Meeting Minutes

Location: IDHW Medicaid Central Office

Chair: Katherine

Date: July 19, 2017 **Time:** 1:30 – 4:30 PM
Hansen

3232 Elder St. Boise, ID 83705 D-East Conference

Vice-Chair: April Dunham

Call-in: 1-877-820-7831; Participant Code 301388

Goal: Update MCAC Members on IDHW Issues

Committee Members Present: Kris Ellis (Idaho Health Care Association); Bill Benkula (Mental Health Provider’s Association); Katherine Hansen (Community Partnership of Idaho) – Chair; April Dunham (Idaho Quality of Life Coalition)-Vice-Chair; Courtney Holthus (Disability Rights Idaho); Teresa Cirelli (Idaho Medical Association); Yvette Ashton (Medicaid Recipient); Elke Shaw-Tulloch (Administrator, IDHW Division of Health); Yvonne Ketchum (Idaho Primary Care Association); Cory Lewis (Idaho Physical Therapy Association)-Call In;

Committee Members Absent: Raul Enriquez (Aged Community); Toni Lawson (Idaho Hospital Assoc); Pam Eaton (Idaho State Pharmacy Association); Representative Fred Wood (Idaho House of Representatives); Senator Lee Heider (Idaho State Senate); Representative (Dr.) John Rusche (Board Certified Physician); Cathy McDougal (AARP)

Tribal Representatives Present: Eva Davison (Benewah Tribes Representative)-Call In

DHW Staff Present: Matt Wimmer (Administrator, Division of Medicaid); George Gutierrez (Deputy Administrator for Policy, Division of Medicaid); Dea Kellom (Committee secretary, Division of Medicaid); Beth Kriete, (Acting Deputy Administrator for Operations, Division of Medicaid); Alexandra Fernández (Acting Bureau Chief of Long Term Care, Division of Medicaid); Alan Brewington (Financial Specialist, SR, Division of Medicaid)

DHW Staff Absent: Lisa Hettinger (Deputy Director of Medicaid); Tiffany Kinzler (Bureau Chief of Medical Care, Division of Medicaid); Shelia Pugatch (Bureau Chief of Financial Operations, Division of Medicaid). Art Evan (Bureau Chief of DD services, Division of Medicaid)

Guests/Nominees/Proxy: Elizabeth Cavel-Williams (Community Partnership of Idaho); Larry Tisdale (Idaho Hospital Association), Mitsy Lewis (LINC) – Call-In

Agenda Item	Outcome/Action
<p>Introductions and Committee Business</p>	<p>Introduction and Committee Business:</p> <p>Introductions of Committee</p> <ul style="list-style-type: none"> ○ Corey Lewis announced that this is his last meeting. He is working on a replacement person for his position. ○ Bill Benkula has been working with the Community NOW Collaborative, which includes the Department, DD Council, providers, recipients of Medicaid DD services and their families. <ul style="list-style-type: none"> ● Community NOW workgroup was developed as an opportunity for ongoing collaboration designed to improve DD services in Idaho as a result of the KW vs Armstrong settlement agreement ● Evaluating services, tools and system problems within the DD programs. Human Services Research Institute (HSRI) was also part of this collaborative and will be providing recommendations to service array changes. HSRI just completed their work and a report should be out by the end of the week. Good information to bring up at MCAC. ○ Courtney Holthus said they are having their annual SOP meetings this week. Will be setting forth priorities and objectives for the types of cases they will be handling for the next Fiscal Year. Required by grantors to outline our priorities and objectives for the year, so the public can see what types of cases and project areas are being focused on. Should be available to the public and becomes effective October 1, 2017 ○ In the January minutes, Matt Wimmer had spoken with the Consortium for Idahoans with Disabilities Subcommittee and was going to bring a report of recommendation forward regarding Veyo and the ID Behavioral Health Plan/Optum contract. These recommendations/proposals to be reviewed by MCAC, but was not included on the agenda. ○ Yvonne stated that the presentation provided by Donny Jardine, HCBS Coordinator to the MCAC in January included a request for the MCAC to be an Oversight Committee for the HCBS Project. The state agreed to provide updates to MCAC quarterly, and someone from the department would participate in the sub-committee, but no one from Medicaid has been able to make it at the last two meetings. Clarification is needed to see if updates to MCAC will be made and what was needed from MCAC. ○ January 4, 2017 minutes were approved ○ Katherine and April reported on the Membership Subcommittee. Remind members that if you are not able to attend a MCAC meeting that a Proxy be sent so we can always have a quorum ○ April minutes – to strike the last bullet point in the RCO Overview: ○ A CHOICe Advisory Group is being formed CHOICe (Provider & Community Representation, Quality & Cost Focus) will be advisor to Regional Care Organization (RCO) and report to DHW ○ April 19, 2017 minutes were then approved ○ Katherine Hansen said she would be stepping down from Chair ○ Recommendation for Mitsy Lewis (LINC) to take Alex Scott’s position ○ Courtney Holthus’s term is expiring, but she would like to serve another term ○ Teresa Cerilli’s term is expiring and she would like to recommend someone else to take her place ○ Yvette Ashton’s term is expiring, but she would like to serve another term
<p>Personal Assistance Oversight Committee (PAOC) Update</p>	<p>Beth Kriete - Overview of the PAOC was given (Handout)</p> <ul style="list-style-type: none"> ○ Beth has taken the position of Acting Deputy Administrator and Ali Fernández has taken the position of Acting Bureau Chief of Long Term Care. Ali will be presenting PAOC in the next MCAC meeting

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Personal Assistance Oversight Committee (PAOC) Update	<ul style="list-style-type: none"> ○ Blue Path Presentation: Disability Action Center NW promotes the independence/equality of individuals in all aspects of society <ul style="list-style-type: none"> ● Reviewed the American's with Disabilities Act (ADA) and the importance of proper application and enforcement ● ADA consist of 5 sections. A group of organized people with disabilities that go out and assess how accessible locations are ● Opportunities to get involved (See handout): ● For more information contact Mark Leeper at mark@dacnw.org or Dana Gover at dananwadacenteridaho@gmail.com ○ Currently have 3 vacancies: 1. Personal Assistant Statewide, 2. Participant from the Central HUB, 3. Participant from the Eastern HUB <ul style="list-style-type: none"> ● If interested please go to our website and use the "Join Here" button at http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx
Personal Assistance Oversight Committee (PAOC) Update - continued	<ul style="list-style-type: none"> ○ Waiver renewals - Public comment period for A&D and Adult DD waivers closed May 30th <ul style="list-style-type: none"> ● Received approximately one dozen formal comments from various stakeholders <ul style="list-style-type: none"> ➢ Currently working on compiling and responding – these responses will be posted on our webpage within the next few weeks ➢ Next steps: We will submit the finalized drafts to CMS for review. CMS has up to 90 days to review the drafts. ○ Idaho Home Choice Update <ul style="list-style-type: none"> ● The Money Follows the Person (MFP) Rebalancing Demonstration is designed to help people move or transition from an institution to a Home and Community Based setting, such as a home or apartment <ul style="list-style-type: none"> ➢ IHC has completed 450 transitions since October 1, 2011, has had 32 transitions for 2017–will meet benchmark of 97 ➢ For additional information and to follow the progress of the demonstration grant: http://healthandwelfare.idaho.gov/Medical/Medicaid/IdahoHomeChoice/tabid/1621/Default.aspx Or contact IHC at (208) 364-1889 ○ Medicaid Medicare Coordinated Plan (MMCP) <ul style="list-style-type: none"> ● A program available to Idaho Dual Eligible residents, 21 or older, are eligible and enrolled in Medicare Part A and Part B and full Medicaid coverage ● Covers all medically necessary and preventive services covered under Medicare Part A, Part B, and Part D, prescription drug coverage as well as most services covered by Medicaid, including A&D Waiver, Behavioral Health Services, Personal Care Services, and Targeted Service Coordination for individuals with DD ● Currently administered by Blue Cross of Idaho, Molina Healthcare will be joining the MMCP network in Idaho starting in January 2018 and available in several counties (see handout) ● Molina Healthcare had meetings in July for Providers to learn about plan to join the MMCP in 2018 and to answer questions. Direct questions to Rachelle Lopez, Director Provider Contracts, Molina Healthcare, Phone: (801) 316-9564 or Toll free: 1-(888) 562-5442 ext. 179564, Email: Rachelle.Lopez@Molinahealthcare.com
Regional Care Organizations (RCO) and Quality Metrics	<p>Matt Wimmer (Handout)</p> <ul style="list-style-type: none"> ○ Starting January of 2018, there will be an opportunity for Regional Care Organizations (RCO) to contract with the department ○ RCO is a group of providers that includes Primary Care, hospitals and others to form an independent entity, called an RCO. They serve their members who are the people that have selected those primary care providers or were assigned to them and are part of the RCO ○ Medicaid takes their past claims experience to create the budget, which is based on the amount Medicaid has been spending on those folks in the past. This budget will be set to measure how the RCO program is performing, shared-savings payments will be available for the control of healthcare costs and improved quality outcomes for the next year. ○ The RCO then works with those primary care providers, and patients served by those providers, to give them a better experience of care, through highly coordinated patient-centered care management, better health for communities and lower costs. ○ As this happens RCO's are informed by a Community Advisory Committee called Community Health Outcome Improvement Coalitions (CHOICE), which will have natural connections with the existing regional collaboratives that were stood up under the SIM (State Innovation Model) grant. ○ The community helps the committee identify needs and how to meet their needs to create a healthier community – the RCO takes all this into consideration, and at the end of the year, Medicaid checks the progress and quality measures. ○ At the end of the period we look at the quality measures to see if the RCO has made reasonable progress on quality, if so they may be eligible for shared savings. If there are savings, and are under the budgeted amount, then the difference would be shared between Medicaid and RCO, then above a certain point some of those shared savings go back to the community. ○ The contract is being developed and Jeff Crouch is going to be speaking to the Health Quality Planning Commission on August 2nd about this. He will be talking about quality measures and seeking their input on this approach. ○ The quality measure will be HCPCS based, but may also include some hospital based quality measures. The hospitals already report as part of their mandated reporting. ○ These would be 3 year contracts – similar to the managed care approach – the rate is set, with annual tests for actuarial soundness.

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<p>Division of Medicaid Updates</p> <p>Rules</p> <p>SPA activity</p>	<p>George Gutierrez – (Handout)</p> <ul style="list-style-type: none"> ○ Introduced the new policies <p>Rules</p> <ul style="list-style-type: none"> ○ Still have 14 rule dockets – several companion dockets – touching the rules in several sections <ul style="list-style-type: none"> ● Jeff D, Mental Health Parity, Infant Toddler and multiple sections in the IDAPA Rules ○ Many rules touch other agencies like Division of Welfare, FACS (Family & Community Services), Division of Behavioral Health and others ○ Draft Rules are currently in development ○ No major changes or additions to any that were discussed last MCAC meeting ○ ResHab Rate Methodology and Revalidation for Managed Care Providers may not go forward until next year ○ Jeff D – eligibility seems to be the big issue, expanding the services for SED kids up to 300% of Federal poverty level <p>State Plan Amendments:</p> <ul style="list-style-type: none"> ○ Alan Brewington spoke on FQHC Supplemental Reimbursement for Graduate Medical Education (GME) payments
<p>Waiver activity</p>	<ul style="list-style-type: none"> ● Medicaid began talking about GME’s about a year ago, basically hospitals, teaching organizations and rural clinics get credits for their Medicare cost reports ● The formula for that is very antiquated and we don’t have a lot of room to adjust for these costs ● Medicaid wanted to help pay some of the costs to help retain healthcare practitioners in rural communities and was passed through legislature ● CMS does not allow us to double dipping paying a doctor twice, we coordinate payment to ensure we don’t pay the same things CMS pays for ● In meetings with FMRI and Health West, learned that this is a very complicated circle so language is key. Currently working with them, asking for information to find out exactly what is going on so we don’t contradict them ○ Base Benchmark ABP’s for Basic, Enhanced and MMCP <ul style="list-style-type: none"> ● All on hold for a TA session with CMS on August 11th to talk about design. Confusion on legal noticing and to make sure we are meeting our parity analysis ○ Pharmacy <ul style="list-style-type: none"> ● Was broken into two parts because our public noticing wasn’t clear for second part – working on that now and will be resubmitting the second part to CMS shortly <p>SPAs upcoming</p> <ul style="list-style-type: none"> ○ Infant Toddler Program and EPSDT – working with FACS and will have something around middle of Sept ○ 1915(i) Wavier SPA to implement some additional benefits that are available as result of the lawsuit and to implement a cost sharing piece, which was a requirement by the legislature last legislative session – would like to mimic the Katie Beckett plan for cost sharing and then working on the details of the document to include the expansion to 300% of the Federal poverty level for kids with SED <ul style="list-style-type: none"> ● It is a sliding scale premium, based on where the family’s income is in comparison to the Federal poverty level <p>Waivers:</p> <ul style="list-style-type: none"> ○ Submitted A&D and DD Waivers <ul style="list-style-type: none"> ● No updates yet from CMS on the A&D, CMS did have additional information requests from CMS on the DD – whether or not we can or have to run two waivers to accommodate the DD population <p>Public/Legal Notices</p> <ul style="list-style-type: none"> ○ CMS is enforcing their new public notices requirements. We are changing our process to accommodate that. One new regulation issued is how states go about making public/legal notifications – we are going to utilize our website for our public notice process and eliminate issuing newspaper notices <ul style="list-style-type: none"> ● On the Medicaid website, there will be a button that will take you to the public notices and there will be hard copies available in all local regions for notices involving rate changes ● Notices will stay 3-6 months on the site and for new notices there will be a NEW button ● Will discuss a way, for non-computer users, to get notified with possible hard copy

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Medicaid Impacting Real Lives cont.	<p>Courtney Holthus</p> <ul style="list-style-type: none"> • Working in a legal office, usually people come in to complain about Medicaid – either a service or eligibility denied. She emphasized the importance of the rule making, statutory and legislative processes. The importance of workgroups that guide Medicaid on the rules. The cases they provide representation on usually all come down to interpretation. You need to take the opportunity to comment on rules that you believe should be improved, should be worded differently. The Department accepts public comment and frequently uses such comment to make changes. Sometimes a case comes down to whether or not enough information was provided to the Department to approve or disapprove a service. Many times, the Department can get together with the attorneys and it can be settled without having to go to hearing and instead, just making sure that the Department is provided with enough information in order to make a decision to approve a service. • Because she is an attorney, she cannot give case specifics, but she can talk in general terms. About 90% of clients are Medicaid recipients and the majority of those are accessing a Waiver service. Without Medicaid services, many of their clients would not be able to live in their own homes and their communities. Medicaid is very important and the services are important to their clients. She thanks George for providing updates on the rules and policies.
Agenda for Next Meeting	<ul style="list-style-type: none"> ○ David Welsh to report on the Optum contract and to bring information about the charter that was formed ○ Matt Wimmer to report on the Veyo transportation contract as discussed in the January 4th MCAC meeting ○ Yvonne Ketchum will present Medicaid Impacting Real Lives next meeting ○ How to make health choices on a limited income. Overview to approach the patient population differently and give them tools to be able to make healthy choices. Dual management? Optum, Blue Cross? ○ Donny Jardine to receive feedback and give an overview on the HCBS Project - ○ Bill Benkula to report on Community NOW!
Exchange of ideas, recommendations and next meeting agenda items	<p>Committee Business: Did not meet because wanted someone from the department to join</p> <ul style="list-style-type: none"> ○ Membership sub-committee working on contacting members about membership and may be contacting members for assistance ○ Rep Rusche – may need someone to take his position. Must be a doctor. ○ Katherine to do a follow up call to Senator Heider to see if he is still interested in being on MCAC ○ April Dunham was nominated to serve as Chair for the MCAC Committee – motion was made and seconded ○ Courtney Holthus was nominated to serve as Vice-Chair for the MCAC Committee – motion made and seconded

Meetings for 2018: 1/17/2018, 4/18/2018, 7/18/2018 and 10/17/2018 (all meetings are located at 3232 Elder, Boise Idaho)

The MCAC website can be found at: <http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx>