

Meeting Minutes

Project: Alaska Infrastructure Technology Plan

Workgroup Session 2

Stakeholder Workgroup

05/12/2017

9:00 am-12:00 pm AKDT

Conference Line: 1-907-269-3000; Code: 802 719 699

| Name | Organization | Attendee |
|----------------------|---|----------|
| Erin Aklestad | Alaska eHealth Network (AeHN) | T |
| Jessica Oswald | Providence Hospital | IP |
| Mike Hirst | Southcentral Foundation | A |
| Connie Beemer | Alaska State Hospital and Nursing Home Association (ASHNHA) | T |
| Nancy Merriman | Alaska Primary Care Association (APCA) | IP |
| Kevin Munson | Mat-Su Behavioral Health | T |
| Chad Jensen | LaTouche Pediatrics | IP |
| Rick Driscoll | REACH, Inc. | T |
| Joe Furrer | GCI | IP |
| Dave Branding, PH.D. | Juneau Alliance for Mental Health | IP |
| Joyce Douglas | DHSS - FMS-IT | T |
| Simon Taylor | DHSS - FMS-IT | T |
| Shaun Wilhelm | DHSS - DBH | A |
| Ulf Petersen | DHSS -SDS | T |
| Dana Penner | DHSS - OCS | T |
| Margaret Brodie | DHSS - HCS | IP |
| Heidi Lengdorfer | DHSS - DPH | A |
| Heidi Wailand | Alaska Mental Health Trust Authority | IP |
| Natasha Pineda | DOA | A |
| Deb Erickson | DHSS – Commissioner’s Office | A |
| Stewart Ferguson | Alaska Native Tribal Health Consortium (ANTHC) | A |

IP=In-Person; A=Absent; T=Telephone

Meeting Highlights/Topics:

- Health Insurance Premium Payment (HIPP) program, further discussion for first meeting
- Provider Credentialing & Enrollment
- Telemedicine/Tele-monitoring
- Alternative Payment Models
- Eligibility and Enrollment
- Waivers
- Veteran Affairs

Identified Barriers

- Existing transition of eligibility and enrollment system along with the reduction in work force are creating backlogs that result in provider burdens and applicant safety.
- Utilization of the national credentialing tool CAQH across Medicaid could streamline credentialing.
- No incentive for beneficiaries to follow care plans

Identified Use Cases

1. **Credentialing:** Medicaid is functioning well, not working as smoothly in private carriers, specifically when a provider is moving from one group to a new group, private carriers (BC) are unable to credential at a new location until they end-date the original group. There is generally a lag time that can result in a time period where the provider is seen as out of network.
2. **Provider Notification:** Policy changes are published and implemented, without updates in fee schedules, etc.
3. **Telehealth or telemonitoring-**How to establish policies for best practices, accuracy, feed back, time periods, and establishing acceptable tools for utilization across the enterprise.
4. **Mandatory Reporting:** The ability to utilize single reporting to meet existing and new requirements is needed for innovative payment models. The use of data from standardized format should be streamlined, allowing providers to report data only once. Reporting should be completed through the provider's EHR or the HIE.
5. **Clinical data:** easily accessible data to providers to allow them to extrapolate needed data, such as the identification of high utilizers.
6. **Eligibility:**
 - Newborn: effective date for eligibility reflects accurately per policy, i.e. deemed eligible newborn effective date is equal to date of birth.
 - Provider Eligibility Search: Provider inquires for eligibility account for variation in name, i.e. Bob vs. Robert
 - Stable eligibility file that does not drop members inappropriately
 - Provider increased access to pending cases
 - VA eligibility

Identified Gaps & Concerns

1. Delay in enrollment and credentialing—identifying a need for automation across carriers
2. Determine incentive programs for providers that will increase participation
3. Gap was identified in telehealth. Determine a standard set of visits or procedures that are appropriate for telehealth.
4. Provider outreach and education
 - Telehealth opportunities
 - Effective use of MMIS and other state data sources
5. Eligibility determinations
6. Automation of available beds and coverage information for transitions of care
7. Use of Multiple eligibility systems
8. Patient involvement

Action Items

| Action Item | Assigned | Status | Capture Date | Requested by Due Date |
|--|-------------------|-------------|--------------|--|
| Meeting Minutes | HTS | Completed | 05/13/17 | Prior to next workgroup |
| Meeting with HTS and eligibility system representative | DHSS | Pending | 5/13/17 | Prior to next workgroup; after June 1 |
| System Inventory | DHSS Stakeholders | In Progress | 05/12/17 | Prior to workgroup meeting three (3) |
| Meeting with HTS and representative from IHS | DHSS | Scheduled | 05/13/17 | Meeting scheduled for 6/5 at 10:00 AM AKDT |