

MEDICAL CARE ADVISORY COMMITTEE
Draft Summary
May 17-19, 2007 2nd quarter meeting, CY 2007

Petersburg Medical Center
Petersburg, Alaska

Acronyms:

ABADA – Advisory Board on Alcoholism and Drug Abuse
ACoA – Alaska Commission on Aging
AKAIMS – Alaska Automated Information System (Division of Behavioral Health)
AMHB – Alaska Mental Health Board
AMHTA – Alaska Mental Health Trust Authority
ANTHC – Alaska Native Health Tribal Health Consortium
BTKH – Bring the Kids Home
CAMA – Chronic and Acute Medical Assistance
CMHS – (federal) Center for Mental Health Services
CMS – (federal) Center of Medicaid and Medicare Services
CSAP – (federal) Center for Substance Abuse Prevention
CSAT – (federal) Center for Substance Abuse Treatment
DBH – Division of Behavioral Health
DD – Developmental Disabilities
DHSS – Department of Health and Social Services
DPH – Division of Public Health
DRA – (federal) Deficit Reduction Act
DSDS – Division of Seniors and Disability Services
FASD – Fetal Alcohol Spectrum Disorders
FAQ – Frequently Asked Questions
FFY – Federal Fiscal Year
FMAP – Federal Medicaid Assistance Program
FY – (state) Fiscal Year
GCDSE – Governor’s Council on Disabilities and Special Education
HRSA – (federal) Health Resources and Services Administrator
ILP – Infant Learning Program
MCAC – Medical Care Advisory Committee
MIP – Medicaid Integrity Program
MMIS – Medicaid Management Information System
PERM – Payment Error Rate Measurement
RFP – Request for Proposals
SAMHSA – (federal) Substance Abuse and Mental Health Services Administration
SCHIP – (federal) State Children’s Health Insurance Program
SOA – State of Alaska

Thursday, May 17, 2007

John Bringhurst arranged for the MCAC members to be picked up from the airport and MCAC members went to the Petersburg Mental Health Center and the Petersburg Assisted Living Center.

Tour of Petersburg Mental Health

Susan Ohmer

Tour of the Assisted Living Home

Nancy Reed

Meeting called to order, Friday – 5/18/07

Dave Alexander, Chair

9:00 a.m.

Welcome and Introductions, Members

MCAC quorum was established.

MCAC members present: Tracy Charles-Smith, Sam Bush, Todd Wortham, Marie Darlin, Megan LaCross, John Bringhurst, Dave Alexander, Karen Sidell and Jerry Fuller

MCAC members absent: Gary Givens and Ursula Lockwood

DHSS staff present: Kathy Craft

Ethics Disclosures

None given.

Approve May 18-19, 2007 Agenda – Moved and approved unanimously

Approve March 2-3, 2007 Summary – Moved and approved unanimously.

Kiley stated how hard it was to be on the phone at the last meeting; quite a bit of MCAC meeting context and issues get lost when on the phone.

Alexander requested that acronyms in the minutes be listed out.

Megan LaCross' name was misspelled. There is no "h" and no "e".

Petersburg Medical Center

John Bringhurst

9:15 a.m.

Bringhurst and Sandra provided a tour of the hospital/medical center and long-term care facilities; 12 acute care beds and 15 long term care beds.

Bringhurst with Tom Bone (T-Bone), B-Squared (B2) Consulting, then gave members a demonstration of Petersburg Medical Center (PMC) video-conferencing capabilities. A new set-up and for Petersburg Medical Center; procedures and protocols for use of the equipment has not yet been established. Alaska Rural Tele-health Network.

High-end Mitsubishi (Tanberg): \$6,500 - \$8,000; plus – installation, cart and other hook-up options: \$10,000 total

This bridge can put up to 20 sites together.

Bringhurst also provided a power point on how medical care is provided in Petersburg and Petersburg Medical Center and throughout Alaska. See packet for power point slides.

Public Comment

1-800-315-6338 (2017#)

Public comment opened at 10:30 a.m.
None given.

Public comment closed at 11:15 a.m.

Old/New Business

David Alexander, MCAC Chair

Vacancies and Terms

Three vacancies: one consumer advocate; one consumer Denali Kidcare; and one mental health provider. MCAC members will talk to interested volunteers and ask them to contact Kathy Craft.

Dr. Moore, Mental Health Provider, resigned.

Sam Bush completed her 3, 3-year terms, for a total of nine years with the MCAC. Members presented Sam with a certificate and letter from Commissioner Jackson and a Alaska "Spy Glass" paper weight with the Big Dipper inside.

Members unanimously decided to send a letter to Ursula Lockwood thanking her for time served but letting her know based on her attendance her seat would be filled with a new member.

Debbi Kiley must submit a letter to Commissioner Jackson for re-appointment this month.

Elections

Members held MCAC officer elections to begin at the next meeting.

Nominations:

Debbi Kiley, Chair

Dave Alexander, Past Chair

John Bringham, Vice-Chair

Tracy Charles-Smith, Member-at-Large

Bush moved to accept the slate of officers. Darlin seconded. Passed unanimously.

Old Business

Sidell inquired as to the status of Dr. Brennen's clinic in Anchorage. Fuller reported that the clinic is staying open and that he may get a partner. The clinic received assistance and technical support on billing processes and procedures. The legislature approved \$500.0 for autism assessment, diagnosis and other services as yet to be determined.

Charles-Smith and Sidell stated their concern that Alaska needs the ability to give more children/youth waivers for autism. The Pacific Health Group is reviewing the need for various waivers throughout the state regarding those with developmental disabilities (i.e. autism, traumatic brain injury).

Fuller stated that many legislators are now seeing the importance of funding prevention and early intervention.

Sidell wanted to voice her concern about being moved to one face to face meeting per year and that teleconferencing is basically ineffective. The MCAC tries to put a voice for people that have very little input into the system. Fuller stated that the Commissioner has made her decision and that the MCAC will only have one face to face meeting per year. The committee needs to try this over the next year and then provide feedback to the Commissioner on how things proceeded. Alexander stated that video/teleconferencing twice per year is fine but that the committee needs to meet in a rural/remote area.

Bylaws – discussion about the policies and procedures that are included; qualities and characteristics (pg. 2) remove; specific meeting details and logistics. Darlin will forward

her changes to Craft who will type them into the bylaw document with the tracking tool and forward for review by all MCAC members

Public Comment – process for committee members to follow when public comment is taken; Craft will share information from other boards and include in packet. Members discussed the importance of public comment and the need to discuss issues and concerns with community members.

Sidell talked about First Health going out to rural/remote areas for cross training. Fuller said we should put this in our FY09 recommendations.

New Business

Dentistry – Todd Wortham

- 1) Reimbursement
 - o Wortham statistics show: overhead runs anywhere around or between 65%-75%; with Medicaid reduced rates/fees being only .55 - .65 on the dollar (this doesn't cover overhead); most centers are already filled with full rate paying clients
 - o New adult dental care – lab fees are around \$800 and the reimbursement is only \$1,100; at Wortham's office it takes 5 visits to fit and install dentures; high costs in just turning over a room
- 2) No-shows; perceptions of those on Denali Kidcare
 - o With the maturity of a practice this lessens
 - o Not a large concern
- 3) Audits
 - o First Health is educating office staff on what is needed
 - o Majority of providers are honest
 - o Online training for providers would be a very good idea
 - o Federal audits have not begun yet
 - o No fees have been raised or reimbursement for years
- 4) Overall costs of dentistry
 - o Expensive overall
 - o Equipment must be replaced more frequently
- 5) Hold Harmless and indemnify clause

Recommendations:

- 1) Medicaid/Denali Kidcare private for profit businesses (used equipment; no frills);
- 6) community consortium of dentists;
- 7) more HRSA clinics;
- 8) increase fees by a significant amount across the board

Sidell discussed an issue regarding case management, prior authorization for travel to get an individual into Bethel. First Health is not properly trained for travel. Fuller asked

about the FH appeal process and committee members stated that they were unaware of any higher level appeal process. Fuller is not sure if this is trouble with prior authorization for travel or a procedure...he would like this clarified.

Kiley stated her concern with eligibility workers being rude, overwhelmed and inexperienced at their job. Another concern was Medicaid workers unwillingness to speak with providers about care with the providers; they will only speak to the patient. Fuller stated that Medicaid has a release of information that will allow providers to speak with Medicaid about a patient.

Communication between SOA, First Health, patient and providers is a critical issues. FAQs would be nice to add to the MCAC website.

Alexander requested that palliative care – and the need for chronic palliative care at home-be considered for the FY10 Policy Recommendations. How can patients get medical care for this through Medicaid? LaCross stated her concern about the system and its unwillingness to help vulnerable populations. Dr. Heffner, Providence doctor, could speak with us about this.

Meeting Planning Session

David Alexander, MCAC Chair

The previous calendar of meetings in person was deleted.

FY08 Proposed Calendar for teleconferences and one in-person meeting:

September 28, 2007	9 a.m. – noon	
		Jon Sherwood, DHSS – DD Medicaid Waivers
		Kathy Allely, GCDSE – Autism
		Dr. Heffner, Providence – palliative care
November 2, 2007	9 a.m. – noon (longer if needed)	
February 1, 2008	9 a.m. – noon (longer if needed)	
May 2-3, 2008		Homer & Seldovia; Tok, Tanacross & Dot Lake
(Northway/Tetlin)		
		Homer – Frontier Services; Hospital – Debbi will
gather more information		
information		Tok, Tanacross & Dot Lake – Tracy will gather more

Medicaid Report

Jerry Fuller, Medicaid Director

Center for Medicaid and Medicare Services (CMS) Transformation grants – psychotropic medication and/or electronic health record system (6 million in capital dollars request has been proposed)

DHSS Request for Proposal (RFP) to be released for developmental disability (DD) services for methodology and rate structures to lift the “freeze” on senior and DD care. Transparent and accountable.

Deficit Reduction Act (DRA) waiver for home and community based services for youth in Residential Psychiatric Treatment Centers. Alaska received a demo waiver for children and youth with FAS – this will allow for a service array to be developed specifically tailored to children with FASD (Fetal Alcohol Spectrum Disorder). Focus on 14-21 year olds.

ABCD tool for better identification and screening which will then be forwarded to Infant Learning Programs (ILP) for service provision.

The legislature approved Denali Kidcare at 175%. DHSS and First Health will be geared up to start this on July 1, 2007. The federal SCHIP (child health program) is up for reauthorization nationally. There are a few federal bills (1224) which have been introduced for the reauthorization for SCHIP; proof of citizenship leniency is included as well as a 2 year hold harmless on SCHIP PERM.

DHSS regulatory packet has been released for public review twice now. The eligibility regulations will be released this summer. Service regulations have been public noticed and is currently in Department of Law for review.

Federal Administration has had many people leaving and it is hard for states during this time of transition.

Reimbursement for public hospitals – Fuller will send Craft the web site address to forward to the MCAC members.

State Plan amendments were approved in April 2007. Dentists have begun to use the Medicaid adult dental program.

Senate Finance Medicaid Report completed by Pacific Health Group was released in mid-January 2007.

Recommendations:

1. Tribal Health Care system into a tribal managed care system in 18 months – Fuller stated that this is not going to happen in this timeframe. This type of project would take 10 years if not more.
2. LEWIN Report – Long Term Care Study – DHSS needs to work on this (many long term care plans have been done over the last 10 years and only sat on shelves). Bringhurst asked about personal care attendants (PCA), chore services...and what the recommendations might be. Fuller stated that they have

- recommended more control and a better developed system. Possibly move it under the waivers. Reimbursement methods are less than desired.
3. Behavioral Health System – needs additional work
 4. Disease Care management – needs additional work
 5. ESI – employment sponsored insurance The State could choose to subsidize health insurance for other businesses. Making some investment would assist with overall savings. Contractors would need to develop this more fully in the next step of the contract.
 6. Health Savings Accounts has a little traction with some legislators. Contractors would need to develop this more fully in the next step of the contract.
 7. Need to use technology better throughout the state for nursing home array of services.

Contractors stated that the Tribal Health Care services are more enhanced and coordinated than what is available in the lower 48, which is more fragmented.

Lyman Hoffman is charged with next steps for the legislature and will probably bring these contractors back to design our next steps. Senate Finance has contracted with Jay Livey (former DHSS Commissioner) to offer direction and guide to the legislature on further contracting with Pacific Health Group. The Senate and House passed SB61 to continue the work from the Pacific Health report. Alaska Native Tribal Health Consortium (ANTHC) will hire a contractor (\$700.0) to look at the tribal health delivery system to expand their capacity and save state general funds through 100% federal funding. In addition to this DHSS will release a RFP to look at the personal care system, the long term care system and the full service arrays needed. Pacific Health will also review the 6 Pioneer Homes in Alaska and the possibility of a waiver. Chronic and Acute Medical Assistance (CAMA) will also be reviewed.

Southcentral Foundation is trying to put together a case management program together for the Anchorage area which would be done by an encounter rate. DHSS will work with tribal entities to assist them in expanding services statewide. This is the greatest opportunity the department has had to work with the legislature on issues pertaining to Medicaid and health and social services.

DHSS is focusing on accountability, transparency and quality.

Bringhurst stated that the State needs to support families as caregivers through respite and education.

DHSS is pursuing a waiver for everyone under a certain level of poverty (expanding eligibility) to try and address the highest alcoholism level in the nation. Kiley stated that we need to ensure that there are services for individuals throughout the state for addictions. If this moves forward providers will need to use identified evidenced based practices.

MMIS – scored the responses to the RFP but no decision has been made. This decision will be made soon. Once contracted the contractors will have 2 years to complete the project – July 2009.

MPI – CMS is allowing a one year grace period if you can show good faith that you are trying to get far along. 5/23/07 is the due date.

PERM – FFY08 the contractor will review a small sample of files from FFY07. The department will be responsible for the pay back for small provider.

Medicaid Integrity Program, **MIP** – [PERM is nothing compared to this.] This is coming out of Congress – “in an effort to stop theft, fraud and simple mistakes....” CMS has funding for this at 75 million of year. They will hire independent auditors/separate contractors (no involvement by the States) to review providers; phased in over 5 years. Alaska is drafting its policies (as clear and succinct as possible) to assist providers with this. Website for continued review:

<http://www.hss.state.ak.us/publicnotice/regulations.cfm>

****DEPARTMENT STAFFING FOR THIS IS DIFFICULT BECAUSE WE DO NOT KNOW PAST FFY08 WHAT WILL BE REVIEWED OR NEEDED IN THE FUTURE.** Fuller stated that it didn't make sense to recruit, hire and train staff for only a year.

Myer and Stauffer audits – 80 audits is still ongoing.

FMAP – 37 million was added to the budget to hold SOA harmless if there is not a federal fix. Murkowski's office is working on a resolution to this.

Saturday~5/19/07

FY09 Policy Recommendations

8:00 a.m.

Cover Letter:

- 1) Thank you to Commissioner Jackson.
- 2) Early intervention is good for the individual but it is also key to lowering the trend and being more cost effective
- 3) Health Care Strategies Planning Council – advise the Planning Council on the work of MCAC and needs across the state
Weaved throughout the focus areas
- 4) MCAC meetings - more than once a year
Importance of community interaction/tours – acts as town meetings and public comments

Two in-person meetings and two teleconferences
Input and output by our MCAC meeting – go back to our originally scheduled meetings, without a decrease

5) Pacific Health Group recommendations

PREVENTION AND EARLY INTERVENTION

Autism – A group has been informed of the increased number of people throughout the U.S. and Alaska being diagnosed as having some form of Autism. There is lots of information about the need for our various state leaders to develop optimal early diagnosis availability as well as maximal therapeutic and educational activities throughout the state.

Improve the coordination between the medical and education services for children with autism.

Screening and Diagnosis

Treatment

Education for family and providers

Ensure education for child/youth with autism

As the number is increasing from a cost reduction standpoint – early intervention is needed. A continuum of care is needed.

Cost effective, prevention, comprehensive continuum of care

1 out of 130 children is diagnosed with some form autism

Support the work of the GCDSE

Remove Brain Injury from the recommendation list.

Pregnant Mothers / FASD – keep as is.

Early Intervention for adult and adolescent behavioral health services – increase funding for general mental health care (delete grant funding and behavioral health centers)

COMPREHENSIVE SYSTEM OF CARE

Dentistry – we need more providers to offer access to care for those paying for services through Medicaid.

Educate/Lobby to have them increase reimbursement rates to increase access of care. (10%-25%)

Monitor the adult Medicaid care.

Treatment services – changes to “fund a full array of services....”

Substance Abuse Treatment - array of services remove treatment services; Evidence based treatment services;

Comprehensive Geriatric Plan (Senior Care & Prescription Drugs) – ask Denise Daniello for the Alaska Commission on Aging (ACoA). It has become increasingly difficult for seniors in need to receive eligibility for Medicaid. We remain to support the Alzheimer's patients to be found Medicaid eligible.

They need enough money to eat and live healthy. Eligibility is key for seniors to receive services paid for through Medicaid. "Denali Senior Care" or Keep the Senior's Home. A plan is needed for senior care from ACoA and DSDS...and while we wait it continues to get increasingly worse.

Long term care services, Personal Care attendants, Medicaid Waiver needed

There is a decreasing ability to pay.

The MCAC continues to support the recommendations of the Pacific Health Group Policy Report.

Assisted Living – encourage the development of assisted living homes – this would be included in a long term care plan; we need a system in place to encourage a continuum of graduated care for seniors...

Medicaid Waivers – MCAC supports the continued review, evaluation and approval of Medicaid waivers for targeted populations; support the continuing work of Pacific health with regard to their recommendations

1100 waiting for DD waivers

Medicaid waivers being considered:

Alzheimers

TBI

Autism

CONSUMER CONCERNS

1-800 Number – we continue to support this recommendation

TRAVEL

Family and Consumer Travel – leave as is

Consumer travel "life vest" for consumers to use when traveling and they experience difficulties; all travelers should have a "911" emergency number and routine number when traveling. This needs to be streamlined and fixed for our consumers. Higher level of training for State Travel Office (STO) and First Health. Go to an electronic ticket instead of voucher for consumer and a safety net for those traveling. First Health prior authorizes and STO should just provide an electronic ticket.

Provider Travel and Urgent Care – FH should meet with providers in a rural/remote area or have FH meet at a rural health or CHAP meeting so they talk to several individuals at once; front line people together with First Health for overall training to discuss travel issues. Direct/first hand training for First Health workers to understand what is happening in the rural areas...they are living within a system that does not permit them to work they way they would like.

First Health going out to villages / rural areas to be cross-trained
Process for providers to get Prior Authorizations through First Health

Continue to recommend and support:

Helmet use to reduce brain injury.

BTKH

Chronic Disease Management

Tele-health/Tele-psychiatry

Craft will take this information and draft a document for MCAC member review and editing.

Adjourn

10:15 a.m.

Overall Desired Outcomes:

Provider Participation Enhanced

Access to Medicaid Improved

Better recognition of the Medicaid program's value to Alaskans

Proper match between available services and recipients' chronic care needs

Optimal Medicaid Funding Achieved

Alaska Medicaid Program Reflects MCAC Priorities

MCAC's communication with constituencies enhanced

Medicaid trends monitored

Medicaid Availability evaluated statewide by MCAC