

Summary Minutes: Medical Care Advisory Committee
June 26th & 27th, 2015
Department of Health & Social Services
Division of Health Care Services Conference Room
Anchorage, Alaska

Members/Medicaid Program officials present:

Lorilyn Swanson, Chair; Renae Axelson Vice-Chair; Margaret Brodie, HCS Director; Catriona Reynolds; Renee Stoll; RPH (telephonically Friday, present Saturday); Dan Kiley, DDS; Shelly Deering, RN/BSN/CCRN; Matthew Hirschfeld, MD/PhD; Phillip Hofstetter, Au. D; Gennifer Moreau-Johnson DHSS State Plan; Duane Mayes, SDS Director; Jon Sherwood, DHSS Executive Staff;

Telephonically: Renee Gayhart, HCS Tribal Health Program Manager; Chris Ashenbrenner, Medicaid Program Coordinator, (Deb Erickson, DHSS Project Manager)

Members absent: Mark Walker, LCSW

Friday June 26th, 2015

Minutes of January 30-31, 2015. Adopted.

Announcements. Applications for membership reviewed. Membership renewals were discussed and the committee voted to update bylaws to reflect renewal dates on the quarters they are due. Dan Kiley will resign in September 2015, Dental representative applications are being considered. Shelley Deering and Renae Axelson will send in requests to remain on the MCAC.

Tele Health Presentation, Stuart Ferguson, Chief Technology Officer; Matt Shalback, Chief of Cardiology; Matthew Hirschfeld, MD/PhD; Philip Hofstetter, Au. D (slides provided to MCAC members)

- ***Stuart Ferguson, Chief Technology Officer for Alaska Native Tribal Health Consortium*** – Stuart provided a historical background of telehealth, current uses of telehealth and future of telehealth medicine.
- ***Matt Shalback, Chief of Cardiology for Alaska Native Medical Center*** – Matt presented the benefits for rural areas utilizing Video Tele Conference (VTC) for patients needing lifetime care. Matt expressed the challenges for patients getting access to health care in some areas plus credentialing hurdles they are overcoming.
- ***Sara Freeman, Director of TeleHealth of Alaska Native Medical Center & Matthew Hirschfeld, MD/PhD*** - Sara and Matthew presented the telehealth network of providers and systems utilized to do telehealth and partnerships. Matthew presented additional ACE's programs being implemented in communities like Sitka and coordinating telehealth opportunities.
- ***Philip Hofstetter, Au. D*** – Philip reviewed the standard of process and implementation of the telehealth network. Good infrastructure is the key to success. Part of implementation requires making sure all steps are covered and followed. Philip discussed the history of “store and forward” and the electronic health record system. Both need to be able to merge together for part of the telehealth process. Having providers work in several different systems isn't logical in the process of providing good patient care.

Department and Divisional updates, Margaret Brodie, HCS Division Director; Jon Sherwood, DHSS Deputy Commissioner; Renee Gayhart, HCS Tribal Health Program Manager; Chris Ashenbrenner, Medicaid Program Coordinator; Deb Erickson, Project Coordinator; Duane Mays, SDS Division Director

- **Medicaid Reform**

- Medicaid Reform kick-off meeting is set for August 18th and 19th in Anchorage, where Agnew::Beck will introduce subcontracting entities, HMA and Milliman
- The Legislature continued Bill Streur's contract to assist them with Medicaid input from his perspective as past Commissioner.
- ARIES and Enterprise system modifications are being made to meet the needs of reform.

- **Medicaid Expansion**

- The Commissioner and Deputy Commissioner testified on 34 separate hearings for Medicaid Expansion and Reform with the legislature.
- There are four different ways to proceed – 1) wait for the upcoming fiscal year, 2) special session with gas line issues, 3) special session for just Medicaid Expansion or 4) move forward with unilateral action and implement accepting federal funds.
- Planning and research on the success of expansion in regard to both financial and health improvement will be the primary focus.
- DHSS will improve the Healthy Alaskans 2020 website to include the updated plan and provide a list server to receive updates.
- Provider Tax Proposal: DHSS awarded a contract to Myers & Stauffer (CPA firm specializing in public health care programs and Medicare/Medicaid) to review the possibility of a Provider Tax. Ultimately if it's carried forward and passes the legislature will use a portion of the tax to go toward calculating Medicaid rates and other revenue.
- RFP was awarded to Agnew::Beck to research and provide data for Medicaid Expansion.
 - Two sub-contractors hired.
 - Milliman Inc., a global health care agency to provide actuarial analysis costs and benefits.
 - Health Management Associates (HMA), specializing in public health programs. Most employees are former officials with CMS or State Medicaid agencies familiar with policy and operational expertise and what has worked or not worked for each state.
 - The first report is due January 15, 2016 reporting recommendations for Medicaid comparative with private option from Agnew::Beck
 - The second report (2 part) – 3 year action plan + evaluation plan to include performance levels used to communicate with legislature, governor and community
 - Agnew::Beck should identify 5-10 reform initiatives to improve care models through payment reform.
 - Agnew::Beck's main job is to provide technical assistance and concepts around re-design of Medicaid and Expansion.
 - Stakeholder engagement is encouraged by use of various scheduled webinars, - kicking off July 27th, 2015 - and stakeholder sessions in September and October, 2015.

- **State Budget**

- There is \$5 billion dollar general fund budget with \$2 billion in revenue. This is not a good outlook for the state's fiscal long term.

- DHSS took close to a 7% reduction in general funds, approximately \$82.5 million dollars was reduced from the budget with an approximate \$8 million of additional unallocated funds will need to be absorbed.
 - DHSS will look into programmatic details and find additional efficiencies across the department.
 - Approximately 66 positions were cut from DHSS. The department's priority was to minimize the human impact of layoffs.
 - 28 additional positions were created for OCS.
- **Xerox Update**
 - A hearing is scheduled in the middle of August.
 - There are 38 items Xerox needs to correct for claims to pay correctly to providers.
 - The Corrective Action Plan continues due to incomplete deliverables.
 - Previously deferred work will be re-prioritized
 - Xerox is not yet certified but the goal is to get certified within the last three months of this calendar year.
 - Backlog of claims are being reprocessed in specific order
 - Xerox hired an operations manager; additionally the State authorized Xerox to hire a system's manager.
 - Defects continue to be opened on a weekly basis while others continue to be closed.
 - Class action lawsuit from providers nationwide with Xerox.
- **Senior & Disability Services (SDS)**
 - Changes to waiver regulations will result in cuts (soft & hard cap scenarios apply).
 - The division is proactive in analyzing individual programs to avoid additional cuts versus adjusting caps.
 - The biggest concern is the personal care program. Regulations to be re-written and consistent across the board. SDS "right-sized" the program vs. a "cut" from \$130 million in 2014 to \$105 million in 2015.
 - Fraud and corruption control is on target and more cases are being resolved. Medicaid Fraud Control, SDS, FBI and Inspector General's office have prosecuted over 40 convictions as of mid-June. 107 convictions since October 2013.
- **Public Assistance Update**
 - ARIES is up and running effectively. Backlogged applications are being processed. Eligibility determinations for Medicaid categories for Modified Adjusted Gross Income (MAGI) rules are being applied after the Affordable Health Care Act was passed. Both the Federal Marketplace and Aries glitches are being worked.
 - Catriona Reynolds suggested putting ARIES portion onto the MyAlaska website to help facilitate recipients and eligible clients understand the appropriate process for applying for Medicaid.
 - Delays to processing include entering and updating manually before ARIES was up and running. Another delay issue is transfers from the Federal Marketplace for account transfers. The Federal Marketplace is sending several hundred applications from 2014 and 2015 that were stuck in their system. One of the biggest challenges Public Assistance is facing is that they are unable to identify duplication. When there are delays to the system, applicants are re-applying or renewals are duplicated.

- Many paper applications have not been entered. If there is a flaw to the application, it freezes the case and ends up being processed through EIS.
- With Medicaid Expansion, Public Assistance has the ability to handle new applications and can determine eligibility for all programs. Applications can be transmitted, converted to a .pdf file and uploaded manually into ARIES. With the new upgrade, the goal is to have it convert properly to avoid manual transmission.
- Improvements to the Food Stamp program are lining up with compliance within the 60 day window.
- September 2015 is the target date for changing status with the Federal Marketplace from an “assessment” state to a “determination” state which will give the marketplace the ability to determine eligibility instead of assessing the possibility of eligibility.

Tabled discussion items. Durable Medical Equipment (DME), Alaska Medicaid Coordinated Care Initiative (AMCCI), State Plan Amendments, Requests for Proposals for new services CMC & Patient Centered Medical Care (PCMS).

Public Comment, Lorilyn Swanson, MCAC Chair. Public comment was held at The Anchorage Neighborhood Health Center from 3:30-5:00pm. The committee heard comment from one individual in person and four telephonically.

- **Heidi Wayland – Agnew::Beck Representative**
- Heidi introduced herself and heard public comment. She notified the committee of the stakeholder engagement plan and the RFP awarded to Agnew::Beck to research and provide date for Medicaid Expansion.
- **Vanessa Bruns (telephonic) – Program Coordinator, Ketchikan Pioneer’s Home**
 - Vanessa had concerns regarding the waivers for recipients. Is there going to be a better schedule for assessors to visit the communities? Last minute notification makes scheduling difficult. Jon Sherwood would follow up with Vanessa regarding her questions once he returns to the office.
- **Carmen Montano (telephonic) – Health & Wellness Coordinator, Anchorage Senior Activity Center**
 - Carmen was concerned for a recipient in the Medicaid system that has been having problems getting around with a club foot and other medical problems. She is in a wheelchair. She is not able to get a medical waiver because she’s not of age. Jon Sherwood answered her questions regarding her concerns. Carmen was given some other options to also follow up on.
- **Joshua Gilmore (telephonic) – Health Services Finance Director, Tanana Chiefs Conference**
 - On behalf of TCC, Josh wanted to extend a sincere thanks to the Commissioner for all she’s done thus far for providers and they fully support the efforts for Medicaid Expansion. Joshua stated Renee Gayhart was their “go-to” person for information.
- **Julie McKaren (telephonic) – Nurse Midwife, Homer Medical Center part of South Peninsula Hospital and Katchemak Bay Family Planning Clinic**
 - Julie had concerns regarding their pregnant mother patients getting lodging covered by Medicaid when they are coming over from the outlying villages at 36 weeks before they give birth. The last two remaining hotels that were taking Medicaid are refusing to accept those with Medicaid stating they are not getting paid. This means Homer Medical Center is turning away patients and refer them to Anchorage for care or having the patients pay out of pocket for lodging for 4 weeks which isn’t realistic. Jon Sherwood referred Julie to contact Margaret Brodie directly to resolve this issue as soon as possible.

Saturday, June 27th, 2015

Roundtable discussion. The committee members were given five minutes each to advocate for their stakeholder group.

- **Catriona Reynolds** – Non-governmental social services agency representative. There are recurring denial codes “4134 – member’s age conflicts with the first diagnosis code of the claim” ends up missing a recipient’s incorrect member number. “4824 – Contraceptive device price charging less than ½ of allowed amount” and claim is denied. They have been entering it “manually, reason for denial”. CPT code “J1050” issue not set up to reimburse family planning to pay physicians but not nurses. Federal Marketplace issues and Public Assistance issues.
- **Shelly Deering** – Provider-Registered Nurse, Medicaid Provider – Noted that the medevac reimbursement rates hadn’t been increase in almost 10 years. Shelly thanked Margaret Brodie, for seeing that her provider was paid for flights that were over a year old.
- **Dan Kiley** – Provider-Dental. Dan has concerns over a procedure issue for use of an old form. The expectation to fax old form and is not user friendly. He previously discussed this concern at the last meeting. Dan announced that he would be resigning the MCAC in Septmber, leaving the dentist position open as of September, 2015.
- **Renaë Axelson** – Co-Chair and Provider-Pharmacy and Home Medical Equipment Provider, Compliance Officer. DPA issue regarding expediting Medicaid Eligibility for urgent medical issues. In-stage renal disease is exception. HEP medicine pricing is a problem. The DSDS criteria regarding housing and living status is stressful to the elders.
- **Lorilyn Swanson** – Chair and Consumer-Senior Advocate. Compliance rules for elders for coverage and eligibility programs are not reasonable, and in some instances could be life threatening, for those currently under care, in the cutbacks for their care. What is happening to waiver cutbacks, when referring to “right size for SDS and how will this be addressed in the future? What is a provider tax that legislative is referring to? After some discussion it was recommended that this be addressed at a future meeting (by Deborah Erickson DHSS - . Also tabled for a future meeting was the July, 2016 mandate by CMS for conflict-free case management system (-this is already starting to take place) by Jetta Whittaker DHSS.
- **Matthew Hirschfeld** – Provider-Physician. There is an issue with congenital sucrase-isomaltase deficiency (CSID) or sucrase-isomaltase deficiency, which is the condition in which sucrase, an enzyme needed for proper metabolism of sucrose (**sugar**), is not produced in the small intestine. Medicaid won’t cover it. Traditional Alaskan Native diet or Atkins diet appears to work but limits patients in rural areas who do not have access to fresh vegetables, etc.
- **Phillip Hofstetter** – Hospital Administrator. Telehealth promoting for future Medicaid coverage. DHSS work group should be developed for telehealth should be one of 2015 recommendations.
- **Renee Stoll** – Pharmacist

- **ACES Presentation – Catriona Reynolds, MCAC Member – Katchemak Bay Family Planning Clinic**
- Catriona presented the Homer Prevention Project - ACES (Adverse Childhood Experiences) program and brochure which was completed under a grant from the Substance Abuse and Mental Health Services Administration. She outlined the various community groups that are participating in the endeavor to insure that Homer's children do have a "Pathway to Resilience". ACEs are risk factors for a decrease in overall lifespan. On average, people with six or more ACEs die twenty years earlier. Some of the Risk factors could include: Abuse; Physical, Sexual: Emotional; Neglect Emotional and Physical, Household Dysfunction: Behavioral Health; Physical and Mental Health. Homer's active community participation in addressing ACEs sooner in life will hopefully help reduce risk and increase resiliency, producing a more vibrant and healthy society for its youth. The brochure that has been created by Homer is an excellent learning aid and tool for communities across Alaska to use.

"ACEs brochure that if you can counter effects of possible health and behavior problems by adding positive and sometimes simple activities that will retain your brain at any age, to handle emotional and stressful situations that can trigger undesirable physical and behavior consequences – this is a Pathway to Resilience".

MCAC members agreed that this should be one of the 2015 recommendations for DHSS to expand the circulation of this brochure and information to other communities so that they can work towards the same goal as Home. All agreed it is an excellent program and a start to DHSS's goal of working towards "Health Alaskans" and to support in the reversal of the Medicaid cycle in generations of families.

The MCAC committee unanimously agreed that the Homer Community needed to be commended for it's hard work and continued dedication to I this project.

Review discussion, Lorilyn Swanson, Committee Chair

- Committee travel expenses will be curtailed within the state budget. It was decided to hold two face-to-face meetings and two teleconferences or video conferences/telehealth as budget allows. Telehealth option will be looked into by Phil Hofstetter, a possible mock training will be coordinated with Sarah Freeman. Many committee members liked the idea of visiting facilities with the capabilities of tele health and outreach to the communities would be beneficial.

Results Based Accountability (RBA), Shelly Deering, Committee Member

- Score-card recommendations
 - The number of people who give public testimony, 3-4 per meeting on average.
 - Keep track of positive comments, this should provide measurable results.
 - Theme-based public testimony?
 - What have the committee members done to get the word out? RA's, E-alerts, flyers, email. DHSS Facebook page to be utilized. When giving a flyer to the Facebook page, identify what the MCAC is all about. Outreach for community events. Listening sessions, having a "conversation" versus a "testimony", hand out business cards. Hanging up flyers in areas where the public frequent.
- The job of the MCAC is to gather information to refer to commissioner.
- What is the communication plan? Any unexplored avenues for specific groups of recipients like pregnant mothers. Facebook to share would be beneficial to getting the biggest audience.

- Develop and maintain feedback from the public. The number of people applying for the committee within the last 5 years to determine who is showing an interest. Attendance yearly for tracking will be a good tool for scoring.
- What duties have been completed? Are we keeping track?

MCAC Vacancies:

Applications for vacancies on the MCAC were reviewed and discussed. The following were nominated to be forwarded for approval to the Commission; Karen Kelley, Nursing Home Administrator; D. Bunti Reed, Consumer Advocate/Care Provider, Following the meeting, and by email consent Dan Lenaker, DMD MPH was nominated by the committee, for the vacant Provider-Dentist Position.

2015 Recommendations:

Phil, Catriona and Dan will send their written recommendations to Lorilyn to work with on drafting a draft recommendation letter for the next meeting. Phil on telehealth-telemedicine, Catriona on inclusion in MyAlaska and Dan on outdated dental forms.

Topics for Consideration

- Travel reductions due to telehealth options like virtual visits will be cost effective.
- Prevention, standard of care for telehealth standards/processes for tele health with incentives to choose tele health over travel.
- “Standards” for telehealth versus “standardization” is the key to implementation.

Preparation future meetings Lorilyn Swanson, Committee chair

- Agenda items for next meeting
- Telehealth/video conferencing meeting to witness the capabilities, Phil and Matt
- DPA speaker, new director Sean O'Brien
- Deb Erickson or Jared Kosin, speaker regarding Provider Tax Proposal -
- Tabled topics – DME's, AMCCI, RFP's for CMC & PCMC
- Conflict-free Case Management – Mandatory as May 2016 – face to face meeting (Note state transition team in place with stakeholders, providers, state and May, 2016 would be a good time to have presentation). Jetta Whitaker – Deb Etheridge.

Meeting Dates Determined:

- It was determined that a Monkey Survey would be sent out to all committee members and staffers listing dates of September and October to see what dates would best suit the committee. Following the results of this survey a meeting date will be selected.
- A telephonic – video meeting will be held in December or possibly January, 2016. Phill and Matt will work on this to see what the committee's best option will be. This will be a way for MCAC members to see how TeleHealth – Telecommunication could work for future committee meetings with hubs in Juneau and Anchorage for a start.

The meeting was adjourned at 3:30PM with follow up to be done by email to all MCAC members.