

Medical Care Advisory Committee Meeting Minutes

Date: January 13, 2010 **Time:** 1:30 – 2:30 PM

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

Moderator: Toni Lawson, MCAC Vice/Acting-Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Acting Chair), Deedra Hunt (Idaho Office on Aging), James (Jim) R. Baugh (Disability Rights Idaho), Robert VandeMerwe (Idaho Health Care Assoc), Paula Marcotte (Mental Health Provider’s Association)

DHW Staff : Randy May (Deputy Administrator, Division of Medicaid)-Proxy for Paul Leary (Deputy Administrator, Division of Medicaid)

Committee Guests: Natalie Peterson (Bureau Chief-Long Term Care, Division of Medicaid), Michele Turbert (Division of Medicaid), Pam Mason (Division of Medicaid), Sonciray Bonnell (North West Indian Tribes-Portland)-call in

Committee Members Absent: Cathy McDougal (AARP), Johnna Pokibro (Shoshone Bannock Tribes), Judith Bailey (Idaho Medical Association), Denise Chuckovich (Idaho Primary Care Assoc.), Katherine Hansen (Community partnership of Idaho), Senator Patti Anne Lodge (Idaho State Senate), Deana Gilchrist (LINC), Representative Sharon Block (Idaho House of Representatives), Representative (Dr.) John Rusche (Board Certified Physician),

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health), Leslie Clement (Administrator, Division of Medicaid);

Agenda Item	Presenter	Outcome/Action
Introductions - Welcome members	Toni Lawson	Welcome /Roll Call
<p>Committee Business</p> <ul style="list-style-type: none"> • Review minutes from 10/21/09, MCAC meeting • MCAC seats that reached term/expired/vacated <ul style="list-style-type: none"> ○ Rotating Individual Consumer seat representing Ada County termed 12/09 ○ Resigned consumer-Medicaid recipient vacated 10/09 ○ Resigned rotating provider seat vacated 12/09 • Nomination of Paula Shaffer for rotating provider seat representing Pharmacy, termed 12/09 	Toni Lawson	<p>Committee Business</p> <ul style="list-style-type: none"> • The Committee reviewed the meeting minutes for 10/21/09 meeting. There was no vote or acceptance of the minutes as there was not a quorum of voting members present. <p>MCAC Seats reaching Term:</p> <ul style="list-style-type: none"> • The present members discussed the vacant/vacating seats. • The Committee members had a brief discussion related to Jon Krutz’s, End of Life Coalition’s CEO and MCAC Chair’s resignation and the need for a new chair to be appointed in the April 2010 meeting. • Jim Baugh brought to the attention of the members present that in his specific category of membership Rotating Individual Consumer seats, language indicates only one three year term may be served. Mr. Baugh is currently serving a second term in this category and would like the Committee to look at either an alternative designee for his seat or hold discussion on changing that language. • Cathy McDougal with the AARP, also resides in one of the Rotating Individual Consumer seats. Ms. McDougal has expressed interest in serving a second term. Her term is due to expire this month (1/10). • Discussion was held in terms of changing the by-laws as to extend the number of terms that can be held by certain Committee membership categories. • This issue will be addressed with the entire Committee via: e-mail prior to the 4/21/10 meeting. • Discussion was held in regard to having Medicaid contact Ada County to see if there is anyone interested in filling the vacant Rotating Individual Consumer previously held by John Traylor. <p>Nomination of New Committee Member Paula Shaffer:</p> <ul style="list-style-type: none"> • The Committee members who were present met and heard a brief back ground of Ms. Shaffer’s qualifications. • Ms. Shaffer’s introduction will be sent to the Committee and her nomination will be addressed and voted on via: e-mail prior to the April meeting.

Agenda Item	Presenter	Outcome/Action
<ul style="list-style-type: none"> Committee Member Updates 		<p>Due to the time restraints and lack of a quorum, no updates were given.</p> <p>Action Items:</p> <ol style="list-style-type: none"> Rachel Strutton to work with Acting Chair, Toni Lawson on drafting new language for the bylaws pertaining to membership term limitations. Rachel Strutton to provide Committee members with Paula Shaffer's introduction and qualifications. Toni Lawson to discuss contact of Ada County for solicitation of membership to the MCAC with Paul Leary.
<p>Program Updates</p> <ul style="list-style-type: none"> Medicaid HIT initiative 	Michele Turbert	<p>Program Updates</p> <p>Medicaid Health Information Technology (HIT) initiative:</p> <ul style="list-style-type: none"> Ms. Turbert reviewed a power point presentation titled <i>Health Information Technology</i> with the group. See attached.
Personal Assistance Oversight Committee Update	Natalie Peterson	<ul style="list-style-type: none"> Ms. Peterson provided an update from the PAOC meeting held 12/10/09. A copy of the 12/10/09 meeting minutes were provided in the MCAC meeting packets. The next PAOC meeting is scheduled for 3/17/10.
<p>Medicaid Status Report</p> <ul style="list-style-type: none"> Administrative Rules Waivers State Plan Amendments 	Randy May	<ul style="list-style-type: none"> Mr. May reviewed the <i>Division of Medicaid Policy Update January 2010</i> hand out. This hand out provides updates to Administrative Rule, State Plan Amendments and Wavier activity. A copy of <i>Division of Medicaid Policy Update January 2010</i> hand out was provided in the MCAC meeting packets.
Questions and Answers	All	There was no discussion, exchange of ideas or recommendations.
Adjourn		

Remaining dates for 2010 MCAC meetings (all meetings are located at 3232 Elder, Boise Idaho): 4/21/10, 7/21/10 and 10/20/10

Health Information Technology

Medicaid Provisions in the American Recovery and Reinvestment Act (ARRA)

Purpose of HITECH Portion of ARRA

Encourage the **adoption and use** of certified electronic health record (EHR) technology by the states to:

- Improve health care **outcomes**
- Improve **care**
- Ensure **quality**
- Permit greater **access** to care
- Reduce **costs**

What Does This Mean for Idaho Medicaid?

- Medicaid is developing a program to provide incentive payments to Medicaid providers for adoption and meaningful use of certified electronic medical records
- Medicare will also administer incentive payments to Medicare providers, Medicaid will coordinate with Medicare

What is the Criteria to Receive Medicaid Incentive Payments?

1. Be an “eligible” provider
2. Use “certified” EHR technology
3. Meet “meaningful use” criteria in the employment of the certified EHR technology beginning year two

(CMS released proposed rule 12-30-09)

Who is an Eligible Provider?

- Eligible providers include:
 - Physicians
 - Dentists
 - Certified Nurse Mid-wives
 - Nurse Practitioners
 - Physician Assistants (PA) practicing in a PA led FQHC or RHC

WHO...

Who is an Eligible Provider? (continued)

- Are non-hospital based with at least 30% medical assistance patient volume, 20% for pediatricians

OR

- Practice in an FQHC or RHC and have 30% of patient volume attributable to “needy” individuals

What Institutions are Eligible?

- Hospitals:
 - Acute care with at least 10% medical assistance patient volume
 - Children's hospitals -- no medical assistance patient volume requirement
- Other "entities" designated by the state (must be approved by CMS)

Available Medicaid Funding

- Eligible professionals: up to \$63,750 over a six year period (potential payment schedules are in proposed rule)
- Hospitals: amounts determined through a formula
- Payments will be made through 2021

Next Steps for Medicaid

- State Medicaid HIT Plan:
 - Current HIT landscape assessment
 - Vision for 2014 HIT landscape
 - Medicaid HIT roadmap to get there
 - Promotion of EHR
 - Input from stakeholders
 - Payment program development

Questions?

- View proposed CMS rules at www.hhs.gov/news
- Contact Pam Mason, 364-1863, or email at masonp@dhw.idaho.gov
- Or Michele Turbert, 364-1946, or email at turbertm@dhw.idaho.gov
- Sign sheet for more information
- Soon to be a Web site with information

Medical Care Advisory Committee Meeting Minutes

Date: April 21, 2010 **Time:** 1:30 – 4:00 PM

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

Moderator: Toni Lawson, MCAC Vice/Acting-Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Acting Chair), Deedra Hunt (Idaho Office on Aging), James (Jim) R. Baugh (Disability Rights Idaho), Robert VandeMerwe (Idaho Health Care Assoc), Paula Marcotte (Mental Health Provider’s Association), Judith Bailey (Idaho Medical Association), Denise Chuckovich (Idaho Primary Care Assoc.), Deana Gilchrist (LINC), Paula Shaffer (Idaho State Pharmacy Association), Katherine Hansen (Community partnership of Idaho)-phone in, Representative (Dr.) John Rusche (Board Certified Physician)-phone in
DHW Staff Present: Paul Leary (Deputy Administrator, Division of Medicaid), Rachel Strutton (Committee Support)

Committee Guests: Mary Ann Reuter (Idaho End-of-Life Coalition), Dr. Quinn Dufurrena (Idaho Dental Association), Grant Luca (Medicaid participant), Natalie Peterson (Bureau Chief-Long Term Care, Division of Medicaid), Tami Eide (Pharmacy Supervisor, Division of Medicaid), Jennifer Loo

Committee Members Absent: Cathy McDougal (AARP), Johnna Pokibro (Shoshone Bannock Tribes), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health), Leslie Clement (Administrator, Division of Medicaid)

Agenda Item	Presenter	Outcome/Action
<p>Program Updates</p> <ul style="list-style-type: none"> • MMIS update 	Patti Campbell	<p>Updates to Medicaid Projects</p> <ul style="list-style-type: none"> • There were no updates on the MMIS project due to last minute calendaring conflicts. The MMIS updates will be added to the July 21, 2010 agenda.
<p>Committee Business Review minutes from 10/21/09 and 1/13/10 MCAC meetings</p> <p>MCAC seats that reached term/expired/vacated Discussion: Consumer Seat representing Medicaid Recipient vacated 10/09</p> <p>Discussion: vacant Consumer Seat and Mary Ann Reuter, Idaho End of Life Coalition interest</p> <p>Nomination of Paula Shaffer by Kris Jonas for one vacant Rotating Provider Seat (discussed during the 1/13/10 meeting)</p> <p>Nomination of Dr. Quinn Dufurrena by Rep. Rusche for the second vacated Rotating Provider Seat</p>	Toni Lawson	<p>Committee Business</p> <ul style="list-style-type: none"> • The Committee reviewed and accepted the minutes from the October 21, 2009 meeting with one correction. The statement “Deedra Hunt volunteered to hold a <i>second</i> term in her required permanent consumer seat, representing the aged community, there were no objections. Ms. Hunt’s second term will begin January 2010.” This statement should have read ...“hold a <i>third</i> term...” the October meeting record has been changed to reflect this change. • The January 13, 2010 meeting minutes were accepted as proposed. • Paula Marcotte introduced and nominated Grant Lucas to the Committee to fill the vacated Required Permanent Consumer Seat representing the Medicaid Recipient population. The Committee voted and accepted the nomination. Ms. Lawson welcomed Mr. Lucas to the MCAC. • Ms. Lawson introduced and nominated Mary Ann Reuter, Idaho End-of-Life Coalition, for the vacated Rotating Consumer Seat. The Committee voted and accepted the nomination. Ms. Lawson welcomed Ms. Reuter to the MCAC. • Ms. Lawson introduced Paula Shaffer, Idaho State Pharmacy Association, for the second time (Ms. Shaffer was first introduced during the January meeting), nominated by Kris Jonas to fill the vacated Rotating Provider Seats. The Committee voted and accepted the nomination. Ms. Lawson welcomed Ms. Shaffer to the MCAC. • Ms. Lawson introduced Dr. Quinn Dufurrena, Idaho Dental Association, nominated by Rep. Rusche for the second vacated Rotating Provider Seat. The Committee voted and accepted the nomination. Ms. Lawson welcomed Dr. Dufurrena to the MCAC.

Agenda Item	Presenter	Outcome/Action
<p>Discussion: Amendment to by-law language regarding membership terms permitted in certain committee groups.</p> <p>Discussion: Change meeting re-occurrence schedule</p> <p>Election of new Chair and Vice Chair for SFY 2011</p> <p>Committee Member Updates</p>		<ul style="list-style-type: none"> • The proposed changes to Section 3(D) of the by-laws, which defines the terms of the Individual rotating consumer members, was presented to the Committee. The change was accepted as proposed. • It was determined by the Committee for Rachel Strutton make a change in terminology from <i>mentally retarded</i> to <i>intellectual disability</i>, where ever indicated through out the by-laws. This terminology is being changed to comply with SB1330. • Because of the January meetings conflicting with the beginning of the legislative session, it has been difficult to form a quorum of members. This has resulted in the January meetings being held as an unofficial meeting, pushing all official committee business from both the October and January meetings to be handled during the April meeting. The Committee discussed this issue and adjusted the meeting occurrence for January meeting ONLY to be held the first Wednesday of month. All other meetings will remain on the third Wednesday of the month. The 2011 January meeting date was set and will be held on January 5, 2011. • Vice Chair Toni Lawson, of the IHA, was elected as Committee Chair for State fiscal year (SFY) 2011. • Denise Chuckovich, of the IPCA, was elected as Committee Vice-Chair for SFY2011. • The Committee members shared some updates. • Mr. Leary presented the new MCAC webpage to the Committee. All meeting materials, minutes, important information and meeting dates are now be located at: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx. • The MCAC webpage also includes a link to the new Personal Assistance Oversight Committee's (PAOC) webpage. <p><u>Action Items</u> (1) Rachel Strutton to submit changes to the by-law language for approval.</p>
<p>Program Updates</p> <ul style="list-style-type: none"> • Medicaid Pharmacy Updates 	<p>Tami Eide, PharmD</p>	<p>Program Updates</p> <ul style="list-style-type: none"> • Dr. Eide provided a power point presentation titled <i>Medicaid Pharmacy Program New PBM Implementation</i>. This presentation provided an overview of the newly implemented Pharmacy Benefit Management (PBM) system operated by First Health Services Corporation. (Attached.) • Dr. Eide also provided the Committee with the new Idaho Medicaid Pharmacy Unit fax number (1-800-327-5541).
<p>Personal Assistance Oversight Committee Update</p>	<p>Natalie Peterson</p>	<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> • The PAOC now has a new webpage which is linked to the MCAC webpage, where meeting minutes, important documents and meeting dates are posted. • Mrs. Peterson provided an update from the PAOC meeting held March 17, 2010. • A copy of the March 17, 2010, meeting minutes were provided in the MCAC meeting packets. • The next PAOC meeting is scheduled for June 16, 2010.
<p>Medicaid Status Report</p> <ul style="list-style-type: none"> • Payment Delays in 2010 	<p>Paul Leary</p>	<p>Medicaid Status Report <u>Payment Delays in 2010</u></p> <ul style="list-style-type: none"> • Mr. Leary directed the Committee to the Frequently Asked Questions (FAQs) for information related to the 2010 provider payment delays. These FAQs were provided in the meeting packet and

Agenda Item	Presenter	Outcome/Action
<ul style="list-style-type: none"> • 2010 Legislative Session Update <ul style="list-style-type: none"> ○ Rules/Statutes ○ 2011 Appropriations and Legislative Intent • Policy Update <ul style="list-style-type: none"> ○ Waivers ○ State Plan Amendments 		<p>can be found on the Health and Welfare website as well.</p> <p><u>2010 Legislative Session Update</u></p> <ul style="list-style-type: none"> • The 2011 Medicaid Appropriations is located in HB701, which lists the specific legislative intent, and can it be viewed on the Idaho Legislature’s website http://www.legislature.idaho.gov. • Mr. Leary presented the following documents (provided as attachments to these minutes): <ul style="list-style-type: none"> → HB701 beginning from section 12 → Medicaid Budget Status → 2011 Provider Cost Share of Shortfall → Meeting Agenda Medicaid Cost Reductions • In order to meet legislative intent Medicaid will be holding provider meeting, with all provider types, across the state to gather cost saving suggestions. • Medicaid will also have a survey tool available for those who will not be able to attend these meetings. This survey tool, as well other information related to gathering cost saving suggestions can be found at www.MedicaidNeedsYourIdeas.DHW.Idaho.gov. <p><u>Policy Update</u></p> <ul style="list-style-type: none"> • Mr. Leary reviewed the <i>Division of Medicaid Policy Update April 2010</i> hand out. This hand out provides updates to Administrative Rule, State Plan Amendments and Wavier activity. • A copy of <i>Division of Medicaid Policy Update April 2010</i> hand out was provided in the MCAC meeting packets. • The <i>Division of Medicaid Policy Update</i> is a document that is also now available on the MCAC webpage and is updated monthly. <p><u>Action Items:</u></p> <p>(1) Rachel Strutton to provide standardized language, related to the upcoming provider meetings to the Associations represented in this meeting to be used on their websites.</p>
Questions and Answers	All	There were no other questions or comments shared by the Committee.
Adjourn		

Remaining dates for 2010 MCAC meetings (all meetings are located at 3232 Elder, Boise Idaho): 7/21/10 and 10/20/10. January of 2011 meeting date set for 1/5/11.

Medicaid Pharmacy Program New PBM Implementation



Medicaid Management Information System (MMIS) Implementation

- Currently 1 overall system HP (EDS)
- New – 4 Components
 - Base System
 - Unisys
 - All non-pharmacy claims adjudication
 - PBM (Pharmacy Benefit Management)
 - Decision Support – Reporting System
 - Electronic Data Management System (EDMS)

Go Live

- Base, EDMS, Decision Support
 - May 31, 2010 (estimate)

● PBM:

January 30, 2010

First Health Services Corporation

- PBM Vendor
- Magellan Company
- Sister company of Provider Synergies our Supplemental Rebate Vendor
- Currently support in various capacities many State Medicaid Pharmacy Programs
- PBM solution in 9 State Medicaid Programs

What is Included

- Pharmacy Claim Adjudication
- Call Center Prior Authorization Application (replaces SmartPA)
- Rebate management – Federal and Supplemental
- Decision Support and Reporting Tool
- RetroDUR Program

First Health Components and Go Live Dates

- | | |
|----------------------------|------|
| ● First Rx (Claims) | 1/30 |
| ● First Trax (PA) | 1/30 |
| ● First Financial | 1/30 |
| ● First Decision (Reports) | 2/15 |
| ● First IQ (RetroDUR) | 3/1 |
| ● First Rebate | 3/1 |
| ● E-Prescribing | 3/1 |

Changes in Functionality : Pharmacy

- ProDUR Edits
 - Early Refill
 - Therapeutic Duplications
 - Drug-to-Drug Interactions
 - Drug-to-Gender Interactions
 - Drug-to-Pregnancy Interactions
- Ability to add diagnosis to claim
- Better messaging on denials and PAs
- 24-hour access to dedicated call center
- On-line Claim Submission
- Elimination of most Paper Claims
- Automation of some functions that previously required a PA

Changes in Functionality : Prescribers

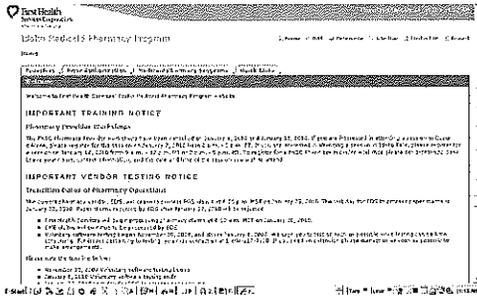
- Submit Diagnosis Codes to pharmacies to submit on claims
- Ability to submit prior authorizations requests via the Web
- DME and J-code Claims will continue to be processed by base

Other Changes

- Drugs Loaded Active from FDB
- Provider ID = National Provider Identifier - NPI
- Prescriber ID = National Provider Identifier - NPI
- New Fax Number: 800-327-5541

Resources

<https://idaho.fhsc.com>



First Health Website

- Correspondence
- Manuals
- Preferred Drug List
- SMAC Price List
- PA Forms and Criteria
- Info on other Medicaid Pharmacy Programs
- Link to Medicaid Pharmacy Website

Provider Resources

- Payer Specification Document
- Frequently Asked Questions
- Pharmacy Claims Submission Manual
- Idaho Medicaid Point-of-Sale Changes Summary

Local First Health Pharmacists

- Bill Milne, RPh, Account Manager
- Melinda Sater, Pharm.D. Clinical Account Manager

First Health Services Technical Call Center

- **claims processing**
- **eligibility**
- **plan limitations**
- **coordination of benefits**

1-800-922-3987

Call Center Hold Time averages 14-30 seconds

Other Numbers

- Idaho Medicaid Pharmacy Unit
 - 208-364-1829
 - Prior Authorizations
- Participant Line First Health
 - 888-773-9466
- Provider Enrollment
 - 866-686-4272
- Fax Number for PA: 800-327-5541

Idaho and First Health Call Center use the same Contact Detail Tracking System

Data Conversion

- Transactions 99.94%
- Prior Authorizations 99.9%
- PA Notes 100%

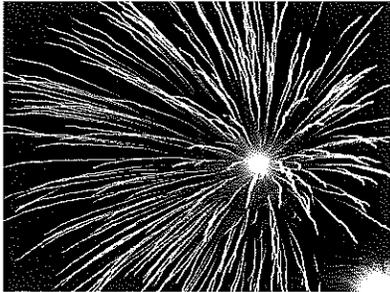
Provider Workshops

Location	Opportunities	Attendees
Coeur D'Alene	4	12
Idaho Falls	4	11
Nampa	2	8
Boise	2	17
General Webinars	2	17
Web Claim Webinars	12	29
Web PA Webinars	12	0

Pharmacy CE Provided

Total Attendees 94

Go Live



Go Live Transition Timeline

- 11/30/2009- 1/22/2010 Voluntary Software Testing
- 11/2009-1/2010 User (Medicaid) Testing
- 1/29/2010 8 pm HP shut down claim processing
- 1/30/2010 7 am First Health soft-start with Fred Meyer, Sav-on/Albertsons and Walgreens.
- 1/30/2010 8 am Go Live

First Transaction

Saturday January 30, 2010

Provider ID	Provider Name	Adjudication Time	Ref	POS	Cardholder ID	Status
xxxxxxxx	Walgreens	7:26:07 AM	1142934	01/30/2010	xxxxxxxx	Paid

Implementation Activities

- Status Meetings 3 times daily
- Continuous Monitoring of Claims submission
- Outreach for rejected and denying claims
- Monitoring of Switch Vendors
- Analysis of Error Codes
- Analysis of DUR Reject Codes

Example Status Review

UPDATE #3 (Status) 2PM MT 4PM ET
1/30

Total Transactions	Total Paid	% Paid	Total Debted	% Denied	Average Paid	Comments
2,808	681	24%	987	76%	\$61.24	1,140 rejects

> Error code concerns/ trends:

06	M/I Group Number	774
41	Submit bill to other carrier	405
88	DUR reject error	387
8C	M/I Other Payer ID Qualifier	80
25	M/I Prescriber ID	137

DUR Denial Codes

ER	H2S	SELECTIVE SEROTONIN REU	43
TD	H2S	SELECTIVE SEROTONIN REU	167
ER	H2U	TRICYCLIC ANTIDEPRESSAN	3
TD	H2U	TRICYCLIC ANTIDEPRESSAN	39
ER	H2V	TX FOR ATTENTION DEFICI	14
TD	H2V	TX FOR ATTENTION DEFICI	49
ER	H3A	ANALGESICS, NARCOTICS	134
TD	H3A	ANALGESICS, NARCOTICS	283
ER	H3F	ANTIMIGRAINE PREPARATIO	8
TD	H3F	ANTIMIGRAINE PREPARATIO	5

Currently

- Weekly Meetings With First Health
- Implementation of April 1 PDL changes
- First DUR Meeting scheduled for May 20
- First Quarterly Rebates

Issues We Continue to Work Through

- Eligibility, Other Coverage
- Medicare Part D
- Provider Updates
- Rebatable Drugs
- PA Image Record Transfer



Legislative Intent HB 701

2011 Specific Direction that is not typically included in Medicaid's appropriation bills

- Sec 12 * **Medicaid Pricing Freeze:** Freeze all price increases, regardless of calculation basis, in all categories with the exception of those increases that are mandated by federal law
- Sec 13 * **Medicaid Program Flexibility:** DHW, by temporary rules based on its finding that it is necessary to do so to ensure that Medicaid programs administered by the department do not exceed its 2011 appropriations may impose requirements for Medicaid in the following manner: the temporary rule must 1) list each requirement being imposed; 2) list each section of Idaho Code affected and state how it is affected; 3) state the reason for each requirement being imposed; and 4) state the time for which each requirement is to be in effect provided that it shall not extend beyond June 30, 2011.
- Sec 14 * **Medicaid Plan Modification Policy Direction:** Maintain a viable, but reduced Medicaid program for as many vulnerable Idaho citizens, as similar in design as the current program as possible, within the fiscal climate. For that reason, rather than eliminating whole optional categories of Medicaid services or benefits or Medicaid plans, the Legislature directs the Department to reduce the Medicaid benefits package based on the following policy priorities in the following order:
- A. **Pricing Modification Policy Priorities:**
Review all Medicaid pricing structures and make reductions to ensure that the state of Idaho Medicaid plan does not pay any reimbursable service rate at a rate higher than Medicare currently pays for the same service.
- Adjust any rates that have in the past been determined to be overpaid within a Medicaid service category.

Work with all providers within the current Medicaid plans to review and reduce current pricing in all Medicaid service categories through negotiations. *If pricing reductions cannot be agreed to, then future options for the legislature to consider are removal of whole categories of optional services.*

Review any other pricing modifications that can assist in maintaining a lower cost, but still provide accessible and substantially similar Medicaid benefit plans for current eligibility populations.

B.

Benefit Modification Policy Priorities:

Review benefits within the Medicaid plans to eliminate noneffective, non-outcome-based services and if there are minor adjustments to benefits for minor items that have not been addressed, then those identified benefits should be the first to be changed in benefit package adjustments.

Review & implement additional managed care (at-risk) contracts, or selective contracts, including implementing a formulary prescription drug plan.

Explore new waiver for mental health, developmental disability, and any other optional services for all Medicaid populations, including implementing waiting lists for nonessential services as a way to control costs.

Implement standardized, statewide assessments for mental health and developmental disability services that reduce the administrative burden on providers but still allow DHW to track service usage and outcomes, DHW is also directed to start the process of eliminating self-referral by providers.

Review any other benefit modifications that can assist in maintaining a lower cost, but still provide accessible and substantially similar Medicaid benefit plans for current eligibility populations.

If additional savings are needed after the previous policy reviews and modifications have been made, the Governor can implement any additional changes identified by DHW to meet the Medicaid budget.

All temporary changes shall be presented to the 2011 Legislature for review and recommendation for any ongoing permanent changes to the Idaho Medicaid program.

Medicaid Budget Status

Personnel Budget

State Fiscal Year 2010

- Medicaid's personnel budget was reduced by \$354 thousand of general funds (GF), \$531 thousand in federal funds (FF) for a total of \$885 thousand. This reflects the Governor's holdback due to decreased state tax revenues.
- The Medicaid program initiated four days of employee furloughs to meet the initial Governor's hold backs plus an additional furlough resulting in a 10% cut in pay for four months to meet the budget reductions.

State Fiscal Year 2011

- An additional \$477 thousand in GF, \$716 thousand in FF for a total of \$1.2 million. This was removed from the Medicaid program's personnel budget due to projected decrease in state tax revenues.
- The Medicaid program has initiated a reduction in force of approximately 12% of its employees, which has resulted in 33.5 positions being eliminated or laid-off.

Operating Budget

State Fiscal Year 2010

- Medicaid's operating expense were reduced by \$218 thousand in GF, \$218 thousand in FF for a total of \$436 thousand. This reflects the Governor's holdback due to decreased state tax revenues.
- The Medicaid program reduced contract and operating expenses to meet the SFY 2010 budget holdback/reduction.

State Fiscal Year 2011

- Medicaid's operating budget was reduced by an additional \$632 thousand in GF, \$632 thousand in FF for a total of \$1.3 million. In addition, \$2.5 million in GF, \$7.1 million in FF for a total of \$9.6 million was requested for MMIS operating costs but not funded.

Trustee and Benefits

State Fiscal Year 2010

- \$22.4 million in GF, \$90 million in FF for a total of \$112.4 million was removed from the Medicaid budget reflecting the Governor's initial holdback.
- Medicaid's supplemental request for \$14 million in GF, \$52.7 million in FF for a total of \$66.7 million was not funded. The lack of funds has resulted in claim payment delays, which will push the funding requirement into SFY 2011.

State Fiscal Year 2011

- Medicaid's request for \$12.8 million in GF, \$51.2 million in FF for a total of \$64 million associated with the increases in cost based pricing and increased utilization was not funded.
- An additional \$20.5 million in GF, \$82 million in FF for a total of \$102.5 million was removed from the Medicaid budget due to the projected decline in state tax revenues for SFY 2011.

2011 Provider Share of Shortfall

Type of Service	Projected 2011 Spending	% of Medicaid Spending	% of General Fund Spending	General Fund Reductions Needed	Total Fund Impact
Long Term Care *					
Nursing Facility	\$165,603,680	10.67%	11.11%	(\$7,979,000)	(\$7,979,000)
ICF/MR Care - Other Facility	\$41,361,417	2.66%	2.78%	(\$1,993,000)	(\$1,993,000)
Hospitals *					
Inpatient Hospital	\$225,468,782	14.52%	14.54%	(\$10,436,000)	(\$10,436,000)
Outpatient Hospital	\$86,738,860	5.59%	5.59%	(\$4,015,000)	(\$4,015,000)
Institutional Mental Health	\$17,255,977	1.11%	1.11%	(\$799,000)	(\$799,000)
Outpatient Rehabilitation	\$4,847,138	0.31%	0.31%	(\$224,000)	(\$224,000)
Disproportional Share Hospital Payments	\$23,281,276	1.50%	0.40%	(\$289,000)	(\$289,000)
Upper Payment Limits	\$24,651,503	1.59%	0.15%	(\$111,000)	(\$111,000)
Mental Health					
Mental Health Clinic	\$39,653,533	2.55%	2.66%	(\$1,911,000)	(\$9,178,674)
Rehabilitation (PSR)	\$62,022,193	3.99%	4.16%	(\$2,988,000)	(\$14,351,585)
Targeted Case Management	\$5,695,667	0.37%	0.38%	(\$274,000)	(\$1,316,042)
Developmental Disabilities					
Developmental Disability Centers	\$63,687,708	4.10%	4.27%	(\$3,069,000)	(\$14,740,634)
Targeted Case Management	\$6,423,619	0.41%	0.43%	(\$310,000)	(\$1,488,953)
ISSH/DD Waiver	\$85,676,886	5.52%	5.75%	(\$4,128,000)	(\$19,827,089)
Pharmacy					
Prescribed Drugs	\$150,864,525	9.72%	10.12%	(\$7,269,000)	(\$34,913,545)
Durable Medical Equipment & Supplies					
Durable Medical Equipment/Supplies	\$21,380,444	1.38%	1.43%	(\$1,030,000)	(\$4,947,166)
Prosthetic/Orthodic	\$2,163,287	0.14%	0.15%	(\$104,000)	(\$499,520)
Medical Supplies	\$12,774	0.00%	0.00%	(\$1,000)	(\$4,803)
Home and Community Based Services					
Aged and Disabled - Waiver & PCS	\$137,831,982	8.88%	9.25%	(\$6,641,000)	(\$31,897,214)
Targeted Case Management PCS	\$559,351	0.04%	0.04%	(\$27,000)	(\$129,683)
Home Health Services (no PDN)	\$7,440,150	0.48%	0.50%	(\$358,000)	(\$1,719,500)
Home Health Services (PDN only)	\$7,615,283	0.49%	0.51%	(\$367,000)	(\$1,762,728)
Medicare, Prepaid & Indian Health Services					
Group Health Plan Payments (include MMCP)	\$2,069,898	0.13%	0.14%	(\$100,000)	(\$479,041)
Primary Care/Physician					
Physician Services	\$125,611,552	8.09%	8.43%	(\$6,052,000)	(\$29,068,204)
Primary Care Case Mgmt-Healthy Connections	\$8,189,559	0.53%	0.55%	(\$395,000)	(\$1,897,214)
Targeted Case Management	\$6,957,292	0.45%	0.47%	(\$335,000)	(\$1,609,030)
Federally Qualified Health Center & Rural Health Clinic Services	\$41,315,418	2.66%	2.77%	(\$1,991,000)	(\$9,562,920)

Dental						
Dental Services (Enhanced and Coordinated)	\$12,926,387	0.83%	0.83%	(\$598,000)	(\$2,872,238)	
Dental Contract (Basic Only)	\$35,122,618	2.26%	2.26%	(\$1,626,000)	(\$7,809,798)	
Therapies						
Physical Therapy	\$22,490,962	1.45%	1.45%	(\$1,041,000)	(\$5,000,000)	
Audiologist	\$771,788	0.05%	0.05%	(\$36,000)	(\$172,911)	
Speech (non-SBS)	\$5,749,759	0.37%	0.37%	(\$266,000)	(\$1,277,618)	
Occupational (non-SBS)	\$3,367,882	0.22%	0.22%	(\$156,000)	(\$749,280)	
Other Services						
Medical Transportation	\$25,544,257	1.65%	1.65%	(\$1,182,000)	(\$5,677,233)	
Laboratory/Radiology Services	\$19,483,206	1.25%	1.26%	(\$902,000)	(\$4,332,373)	
Other Practitioners	\$23,272,691	1.50%	1.50%	(\$1,077,000)	(\$5,172,911)	
Ambulatory Surgical Center	\$20,365,758	1.31%	1.31%	(\$943,000)	(\$4,529,299)	
Family Planning	\$4,060,582	0.26%	0.13%	(\$94,000)	(\$451,489)	
Optician Services/Supplies	\$1,042,536	0.07%	0.07%	(\$48,000)	(\$230,548)	
Sterilizations	\$1,076,882	0.07%	0.03%	(\$25,000)	(\$120,077)	
Hospice Benefits	\$8,635,066	0.56%	0.56%	(\$400,000)	(\$1,921,230)	
District Health	\$567,771	0.04%	0.04%	(\$26,000)	(\$124,880)	
Nurse Aide Training/Dur/Misc/IAP	\$3,643,353	0.23%	0.23%	(\$169,000)	(\$811,720)	
Preventive Health Assistance	\$229,441	0.01%	0.01%	(\$11,000)	(\$52,834)	
Totals						
	\$1,552,730,693	100%	100%	(\$71,796,000)	(\$246,545,984)	

* Assessments Used- certain eligible providers (hospitals, nursing homes in Idaho) are able to use their own funds to help retain federal funds

Note: this report does not include savings identified through the Hospital Assessment Act nor the Medicaid Omnibus Cost Containment bills which were approved by the 2010 Legislature.

Meeting Agenda: Medicaid Cost Reductions

Welcome and Introductions

Status of Current Medicaid Budget

Review Legislative Intent in Medicaid Appropriations Bill

Review Provider Specific Costs and Share of Budget Shortfall

Meeting Purpose: Review legislative direction to reduce costs while maintaining a viable Medicaid program for as many vulnerable Idaho citizens as possible.

Expected Meeting Outcome: Provide answers to the following questions:

1. What policy change is needed to freeze price increases if applicable?
2. Are prices paid above Medicare rates?
3. Are any services overpaid?
4. Are there opportunities to negotiate further pricing reductions?
5. Are there any other pricing modifications that can be made that can result in a lower cost while maintaining access?
6. Are there opportunities to eliminate, reduce, or adjust benefits that haven't demonstrated effectiveness or are not outcome based?
7. Are there opportunities to implement managed care contracts or selectively contract for services?
8. For MH & DD and other optional services: Are there waiver opportunities to explore?
(For the same services: Are there opportunities to implement waiting lists for services as a means to control costs?)
9. For MH & DD: What is needed to implement standardized statewide assessments that reduce the administrative burden on providers but still allow DHW to track service usage and outcomes?
10. What policy change is needed to eliminate self-referral?
11. What other benefit modifications can be made to lower cost while continuing to provide access?
12. What other savings opportunities exist to reduce costs that haven't been previously addressed?

Discussion About Next Steps

Medical Care Advisory Committee Meeting Minutes

Date: July 21, 2010 **Time:** 1:30 – 4:00 PM

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

Moderator: Toni Lawson, MCAC Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Deedra Hunt (Idaho Office on Aging), Robert VandeMerwe (Idaho Health Care Assoc), Tiffany Josi- Proxy for Paula Marcotte (Mental Health Provider’s Association), Judith Bailey (Idaho Medical Association), Deana Gilchrist (LINC), Katherine Hansen (Community partnership of Idaho), Representative (Dr.) John Rusche (Board Certified Physician)-phone in, Johnna Pokibro (Shoshone Bannock Tribes)-phone in

DHW Staff Present: Leslie Clement (Administrator, Division of Medicaid), Paul Leary (Deputy Administrator, Division of Medicaid), Rachel Strutton (Committee Secretary), Susan Scheuerer (Bureau Long Term Care, Division of Medicaid),

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Cathy McDougal (AARP), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Paula Shaffer (Idaho State Pharmacy Association), Mary Ann Reuter (Idaho End-of-Life Coalition), Dr. Quinn Dufurrena (Idaho Dental Association), Grant Luca (Medicaid participant),

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health)

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Review minutes from 4/21/10 MCAC meetings</p> <p>Committee Member Updates</p>	<p>Toni Lawson</p>	<p>Committee Business</p> <ul style="list-style-type: none"> The April 21, 2010 meeting minutes were accepted as proposed. <p>Committee Member Updates</p> <ul style="list-style-type: none"> The Committee members shared some updates. Here are a couple of highlights: <p><u>Deedra Hunt (Idaho Office on Aging)</u> The Idaho Office on Aging has moved to the Idaho Commission for the Blind and Visually Impaired building, 341 W. Washington St., Boise, ID 83720-0012.</p> <p><u>Katherine Hansen (Community partnership of Idaho)</u> The Community Partnership is co-hosting an annual Idaho Partnership Conference October 21 and 22, 2010, called <i>The Hour of Innovation is Now</i>. For more information you can go to www.IdahoPCHS.com.</p> <p><u>Deana Gilchrist (LINC)</u> The American with Disabilities Act’s 20th Annual Celebration is scheduled to begin Monday, July 26, 2010.</p> <p><u>Robert VandeMerwe (Idaho Health Care Assoc)</u> The Idaho Health Care Association’s Annual Conference is currently underway.</p>
<p>Program Updates</p> <ul style="list-style-type: none"> MMIS Implementation Update 		<p>Program Updates</p> <p><u>MMIS Implementation Update</u></p> <ul style="list-style-type: none"> The same systems staff was maintained during the change from Unisys to Molina. Molina took over ownership in May 2010. Medicaid was able to pay \$44 Million from the hospital and nursing facility budget holdbacks from May 2010 in June 2010. July 2, 2010, the first claim payments were made from the Molina System. Three payment cycles were made the week of July 10, 2010.

Agenda Item	Presenter	Outcome/Action
	Leslie Clement	<ul style="list-style-type: none"> • Until the system is performing as expected, additional payment cycles will be made. • \$130.2 M in claims payments have been made, including a forced payout of \$38 M. • The payout was a calculation based on providers' historical claims experience. • Medicaid has identified some ongoing issues and is working with Molina to remedy them. • All the system, user and staff issues are workable and fixable. • Molina will be modifying their portal to provide a clearer view of payment tracking. • Of concern is insufficient payment data for spending projections. Due to held claims in June 2010, and start-up system issues in July 2010, budget forecasting will be more challenging. <p>Suggestions/Recommendations</p> <ol style="list-style-type: none"> 1. It was suggested by the Committee for Molina to have timely updates posted on their website as to what issues have been identified and the status/updates for those issues. 2. Provider handbooks/reference guides for users. 3. Continued system training. 4. Use the Associations represented at this meeting as a communication tool.
Personal Assistance Oversight Committee Update	Susan Scheuerer	<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> • Ms. Scheuerer provided an update from the PAOC meeting held June 16, 2010. • A copy of the June 16, 2010, meeting minutes were provided in the MCAC meeting packets. • The next PAOC meeting is scheduled for September 15, 2010.
<p>Medicaid Status Report</p> <ul style="list-style-type: none"> • 2011 Legislative Intent Stakeholder Meetings follow up • Federal Health Care Reform <ul style="list-style-type: none"> ○ Medicaid Impact ○ FMAP extension • Policy Update <ul style="list-style-type: none"> ○ Administrative Rules ○ Waivers ○ State Plan Amendments 	Paul Leary	<p>Medicaid Status Report</p> <p><u>2011 Legislative Intent Stakeholder Meetings follow up</u></p> <ul style="list-style-type: none"> • The Division of Medicaid held 30 stakeholders meetings throughout the state. • There were approximately 600 responses to the Medicaid Needs Your Ideas Survey. • Medicaid is currently reviewing the responses and tabulating the survey results. • Medicaid will post the responses on the webpage www.MedicaidNeedsYourIdeas.DHW.Idaho.gov around the end of July 2010. • In response to a question Mr. Leary provided an overview of the Request for Information (RFI) process and how it relates and does not relate to a Request for Proposal (RFP). <p><u>Federal Health Care Reform</u></p> <p><i>Medicaid Impact</i></p> <ul style="list-style-type: none"> • Mr. Leary provided a Power Point presentation to the Committee. (See attached) <p><i>FMAP extension</i></p> <ul style="list-style-type: none"> • The increase FMAP available through ARRA, is scheduled to end at the end of this calendar year (2010). Although there have been several attempts in congress to extend this for another six months, it has yet to be extended. <p><u>Policy Update</u></p> <ul style="list-style-type: none"> • Mr. Leary reviewed the <i>Division of Medicaid Policy Update July 2010</i> on the projection screen. This document provides updates to Administrative Rule, State Plan Amendments and Wavier activity. It is updated monthly, at the end of each month, and is available for review on the MCAC website http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx.

Agenda Item	Presenter	Outcome/Action
		<u>Action Items</u> 1. Rachel to inform the Committee members when the Medicaid Needs Your Ideas Survey results are accessible.
	All	There were no other questions or comments shared by the Committee.
Adjourn		The meeting was adjourned at 4:00 PM.

Remaining dates for 2010 MCAC meetings (all meetings are located at 3232 Elder, Boise Idaho): 10/20/10. The January 2011 meeting is set for 1/5/11.

Patient Protection and Affordable Care Act of 2010

Health Reform's Potential Impact on Idaho

MCAC – July 21, 2010

Federal Health Reform: Two New Laws

Patient Protection and Affordable Care Act of 2010 (PPACA)

- Based on Senate health reform legislation
- Passed on March 23, 2010

Health Care and Education Affordability Reconciliation Act of 2010

- Added some elements of House reform proposal to the Senate version
- Passed April 2, 2010

2

Health Reform: Medicaid Timeline

2010 - Required

- Coverage for smoking cessation for pregnant women, without cost-sharing - 10/01/10 (Sec. 4107)
- Coverage for free standing birth center services - 03/23/10 (Sec. 2301)
- Concurrent care for children in hospice (Sec. 2302)
- Increase in Medicaid drug rebate percentage – additional rebates retained by federal government (Sec. 2501)

3

Health Reform: Medicaid Timeline

2010 - Required

- Secretary of HHS to issue regulations to establish a process for public notice and comment - section 1115 waivers (Sec. 2953, amended 10201)
- Extend through FY 2016 the *Money Follows the Person Rebalancing Demonstrations* (Sec. 2403)
- States must implement fraud, waste, and abuse programs by January 1, 2011 (Sec. 6402)
- Extends to one year states' repayment of the federal share of Medicaid overpayment (Sec. 6506)

4

Health Reform: Medicaid Timeline

2010 - Optional

- States may utilize home and community-based services through a Medicaid State Plan Amendment rather than through a waiver (Sec. 2402)
- Establishes a global payments demonstration project for up to five states from 2010-2012 for large safety-net hospital systems - 10/1/10 (Sec. 2705)
- Medicaid Emergency Psychiatric Demonstration Project – a three year Medicaid demonstration project in up to eight states. Participating states must reimburse certain IMDs for services provided to Medicaid beneficiaries between age 21 and 65 who are in need of assistance to stabilize an emergency psychiatric conditions (Sec. 2707)

5

Health Reform: Medicaid Timeline

2010 - Optional

- Coverage for childless adults through a Medicaid State Plan Amendment beginning 04/01/10 (Sec. 2001, as modified by Sec. 10201)
- Medicaid coverage for family planning services to certain low-income individuals - 03/23/10 (Sec. 2303)
- CHIP coverage for children of state employees (Sec. 10203 (D))

6

Health Reform: Medicaid Timeline

2011- Required

- Prohibits payments to states for Medicaid services related to health care acquired conditions (Sec. 2702)

7

Health Reform: Medicaid Timeline

2011 – Optional

- Incentives for prevention of chronic diseases (Sec. 4108)
- Provide health homes for enrollees with chronic conditions (Sec. 2703)
- State Balancing Incentive Program to provide enhanced FMAP to increase non-institutionally based long-term care services (Sec. 10202)
- Community First Choice Option – Creates an additional mechanism to provide HCBS through the state plan (Sec. 2401)

8

Health Reform: Medicaid Timeline

2012 – Optional

- Establishes a bundled payment demonstration project for up to eight states for acute and post-acute care (Sec. 2704)
- Establishes demonstration projects in Medicaid and CHIP to allow pediatric medical providers organized as accountable care organizations to share in cost-savings (Sec. 2706)

9

Health Reform: Medicaid Timeline

2013 - Required

- Covers preventive services and approved vaccines – increases FMAP 1% with no cost-sharing (Sec. 4106)
- Increases payment for primary care doctors with 100% federal funding for services provided Jan. 1, 2013 – Dec. 31, 2014 (Sec. 1202 of Reconciliation Act)
- Reduces Disproportionate Share Hospital (DSH) allotment beginning FY 2014 (Sec. 2551 and Sec.1203 of Reconciliation Act)
- Extends authorization and funding for CHIP through 2015 (Sec. 23101)

10

Health Reform: Medicaid Timeline

2014 Required

- Expansion of Medicaid coverage to the newly eligible, up to 133% FPL (Sec. 2001, amended 10201)
- Coverage for children ages 6-19 up to 133% FPL (Sec. 2001)
- Use of “modified adjusted gross income” (MAGI) for determining eligibility for certain Medicaid groups and states must add a 5% disregard bringing new eligibility level to 138% (Sec. 2002 and 1004 Reconciliation Act)
- Prohibit use of asset or resource test for purposes of determining eligibility for Medicaid for certain eligibility categories (Sec. 2002)

11

Health Reform: Medicaid Timeline

2014 Required

- Covers foster care children up to age 26 (Sec. 2004, amended 10201)
- Prohibits the Medicaid program from excluding coverage of barbiturates, benzodiazepines, and tobacco cessation products (Sec. 2502)
- Protects against spousal impoverishment for recipients of HCBS through 2018 (Sec. 2404)
- Permits hospitals to make presumptive eligibility determinations for all Medicaid eligible populations (Sec. 2202)

12

Health Reform: Medicaid Timeline

2014 Optional

- Premium assistance and wrap-around benefits to all Medicaid beneficiaries (Sec. 2003, amended 10203)
- Increase eligibility category to cover individuals who are above 133% but not more than 200% of the FPL otherwise eligible for the exchange (Sec.2001)

13

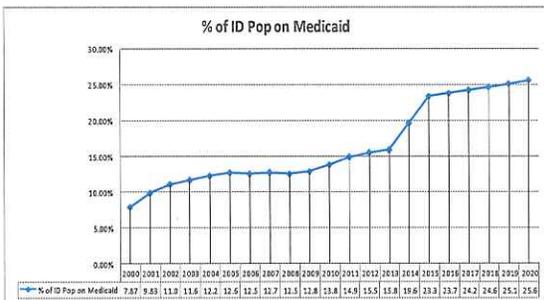
Health Reform: Medicaid Timeline

2015 Required

- Enhanced FMAP for CHIP will increase by 23 percentage points capped at 100% Oct. 1, 2015–Sept. 30, 2019 (Sec. 2101 amended 10203)

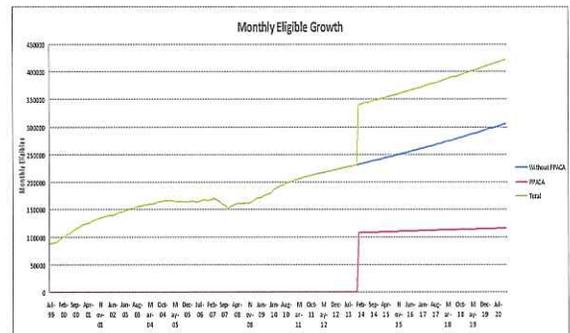
14

Federal Reforms: Projected Growth in Idaho Medicaid

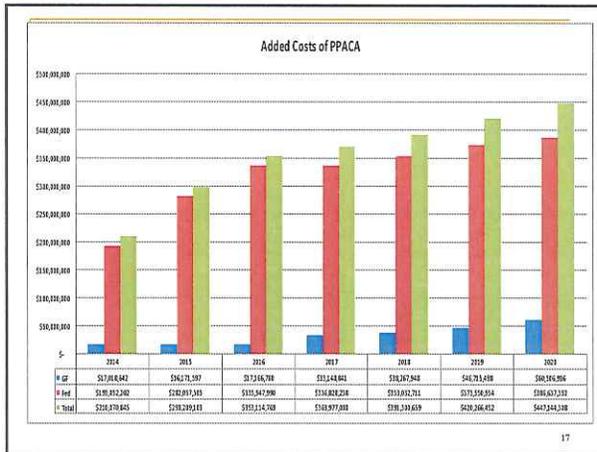


15

Monthly Eligible Growth



16



Summary of Key Medicaid Impacts

- Maintenance of effort for Medicaid eligibility: current Medicaid eligibility rules are set until 2014
- Medicaid expands in 2014
- Will include all non-disabled under 65, up to 138% FPL (includes childless adults): 133% + 5% income disregard will streamline the process states use for determining eligibility by effectively changing the eligibility level.
- Feds cover 100% of cost for expansion group from 2014-2016, 2017: 95%, 2018: 94%, 2019: 93%, 2020 and thereafter: 90%
- Some state flexibility in covered benefits for newly-eligible; must meet minimum standards set by federal government

Medical Care Advisory Committee Meeting Informal Minutes

Date: October 20, 2010 **Time:** 1:30 – 4:00 PM

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

Moderator: Toni Lawson, MCAC Chair
Co Moderator: Denise Chuckovich, Vice Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Paula Marcotte (Mental Health Provider's Association), Judith Bailey (Idaho Medical Association), Deana Gilchrist (Living Independence Network Corporation), Katherine Hansen (Community partnership of Idaho), Mary Ann Reuter (Idaho End-of-Life Coalition),

DHW Staff Present: Leslie Clement (Administrator, Division of Medicaid), Rachel Strutton (Committee Secretary), Natalie Petersen (Bureau Chief Long Term Care, Division of Medicaid), Patti Campbell (Project Manager, Division of Medicaid)

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Cathy McDougal (AARP), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Paula Shaffer (Idaho State Pharmacy Association), Dr. Quinn Dufurrena (Idaho Dental Association), Grant Luca (Medicaid participant), Deedra Hunt (Idaho Office on Aging), Robert VandeMerwe (Idaho Health Care Assoc), Representative (Dr.) John Rusche (Board Certified Physician), Johnna Pokibro (Shoshone Bannock Tribes),

DHW Staff Absent: Paul Leary (Deputy Administrator, Division of Medicaid), Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Michael McMahon, Vice-President Consumer Direct

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <ul style="list-style-type: none"> • Review minutes from the 7/21/10 meeting • Remaining proposed meeting dates for 2011 <ul style="list-style-type: none"> ○ January 5, 2011-SET ○ April 20, 2011 ○ July 20, 2011 ○ October 19, 2011 <p>Committee Member Updates</p>	<p>Toni Lawson</p>	<p>Committee Business</p> <p>There were not enough Committee members present to represent a quorum. Because of this no official Committee business was conducted.</p> <p>The meeting minutes from the July 21, 2010 meeting, as well as these meeting informal minutes from this October 20, 2010, meeting will have to be reviewed and voted into record during the next Committee meeting.</p> <p>The next meeting will be the first for the 2011 calendar year and has been set for January 5, 2011. At that time the remaining 2011 meeting dates will have to be approved.</p> <p><u>Committee Member terms expired/soon to expire discussion</u></p> <ul style="list-style-type: none"> • Disabled Community Representative Seat currently held by Deana Gilchrist is scheduled to expire 10/2010. Ms. Gilchrist is willing to hold a second term. • Medicaid Recipient Seat currently held by Grant Lucas has been vacated. <p>Committee Member Updates The Committee members shared some updates.</p> <p><u>Action Items</u></p> <p>(1) All Committee members to be considering nominee recommendations for the expired/soon to expire Committee seats to bring to the January 5, 2011 meeting.</p>
<p>Program Updates</p> <ul style="list-style-type: none"> • MMIS Update 	<p>Patti Campbell</p>	<p>Program Updates</p> <p><u>MMIS Update</u> Ms. Campbell provided a handout and an update on Molina and the improvements that have been made since the last MCAC meeting. (handout is an attachment to these minutes)</p>

Agenda Item	Presenter	Outcome/Action
Personal Assistance Oversight Committee Update	Natalie Peterson	Personal Assistance Oversight Committee (PAOC) Update <ul style="list-style-type: none"> • Ms. Peterson provided an update from the PAOC meeting held September 15, 2010. • A copy of the September 2010, draft meeting minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. • The next PAOC meeting is scheduled for December 15, 2010. • Ms. Peterson provided an overview of the Money Follows the Person (MFP) Planning Grant recently awarded to Idaho Medicaid. • MFP Planning Grant was awarded for states to plan for the writing of the actual Money Follows the Person Grant. • Stakeholder meetings will be held to receive input for the operational protocol. The first of these meeting is tentatively scheduled for November 19, 2010. • Funding to contract a grant writer and for video conferencing equipment is included in MFP Planning Grant. The video conferencing equipment will allow ease of communication with stakeholders during the grant writing process.
Medicaid Status Report Policy Update <ul style="list-style-type: none"> ○ Administrative Rules ○ Waivers ○ State Plan Amendments 	Leslie Clement	Medicaid Status Report <u>Policy Update</u> <ul style="list-style-type: none"> • Ms. Clement provided a review of the <i>Division of Medicaid Policy Update October 2010</i> on the projection screen. This document provides an update to the activity related to Administrative Rule, State Plan Amendments and Wavier activity. This document is updated to the MCAC website monthly and is available for review at: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx.
	All	Standing agenda item suggestions to be discussed in the January 2011 meeting: <ul style="list-style-type: none"> • Patient Protection and Affordable Care Act (PPACA) update • Health Care Reform Updates - as they become available Denise Chuckovich (Idaho Primary Care Assoc.) offered to provide a presentation on the impact of Health Care Reform on Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), during the January 5, 2011 meeting.
Adjourn		The meeting was adjourned at 4:00 PM.

The January 2011 meeting is set for 1/5/11.

MMIS Improvements:

- Molina working pended claims inventory. On September 19th, pended inventory was 52.6%; as of October 17, the pended inventory % was 29.5%. Molina will continue to work pended claims inventory and goal is 9%. Molina is also producing a pended claims report on a weekly basis to help providers better reconcile what is outstanding.
- Molina added staff to the call center. Call center hold time has averaged 2-3 minutes in the last 3 weeks. Training continues with this staff to become more knowledgeable.
- A triage team of 6 people formed to deal with the more complex issues and escalated calls.
- Since, September 26th, the weekly financial cycle has been higher than the historical EDS average. The cycles reflect current claims as well as the historical, pended claims getting processed.
- Provider set ups posed considerable challenges when there were multiple specialties under a single number. About 1100 providers needed to be reconfigured. Approximately 100 still need modifications to their setup to pay all services.
- Modifications have been completed for the Remittance Advice (RA) for easier reconciliation. Molina replaced all of the historical RA's with the new fixes.
- Coordination of benefits. In some cases, Molina was pending when other insurance existed when services were only paid by Medicaid; this no longer occurs. In other situations, Molina was paying as primary when other insurance existed. This has been fixed and historical claims reprocessed.
- Share of costs/client contribution was incorrectly applied to claims. Fixes have been implemented and historical claims reprocessed. Share of cost information comes from the Eligibility system and reconciliation to the eligibility system continues. Providers who choose to bill weekly will still have a full month share of costs deducted with the first billing of each month, but will not be deducted in subsequent weekly billings for that month.
- Molina has put in pricing modifications and fixes to certain codes which have processed/paid incorrectly.
- Whenever Molina puts in a fix into their system, they reprocess the applicable historical claims that have denied, pended or paid incorrectly..
- Claims which denied as duplicates were reprocessed on 10/1. Many claims denied again as they were valid duplicates.

Advance/Interim Payments:

- Interim/Advance payments continue on an adhoc basis. Requests can be made to EmergencyPaymentRequest@dhw.idaho.gov.
- Recoupment of interim payments will begin in late November for providers whose claims are paying regularly as compared to historical payments.
- Providers whose claims are paying regularly will receive a notice advising: 1) amounts of the interim/advance payments; 2) when recoupment will begin, and that recoupment will be 25% of the claims payment until it is paid in full.
- Providers can elect to repay their interim/advance payment now instead of waiting to have claims offset. A form and instructions exists on the web portal: <https://www.idmedicaid.com> About 500 providers have already repaid.