

# Medical Care Advisory Committee

*Minutes of June 15, 2023*

## Participants

### Committee Members (via phone)

Jennifer Marchant, Joey Hanna, Rachel Craig, Carlos Flores, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Calleen Kenney, Dr. Jennifer Brinton, Kim Dansie, Cassidy Matthew, and Davis Moore

### Committee Members Absent

Michael Hales, Luis Rios, Lisa Heaton, Dr. Robert Baird, Gina Tuttle, Alan Ormsby, and Michael Jensen

### DHHS Staff (via phone)

Jennifer Strohecker, Eric Grant, Brian Roach, Melissa Aitken, Allison Allred, Alexis Athens, Tracy Barkley, Laura Belgique, Dave Lewis, Matt Lund, Todd Neff, Jeff Nelson, Kirk Poulsen, Suzanne Puckett, JoLynn Rice, Seyha Ros, Michelle Smith, James Stamos, Jeremy Taylor, Greg Trollan, Jennifer Wisner, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

### Guest (via phone)

Pushyami Ajarapu, Justin Allen, Neil Allred, Emily Anderson-Stern, Emma Chacon, Jill Chang, Nelson Clayton, Adam Cohen, William cosgrove, Thaiss Del Rio, Mircea Divricean, Kaitlynn Drollinger, Rebecca Dutson, Jeannie Edens, Neil Ericson (DGO), Julie Ewing, Tom Fortie, Russell Frandsen (LFA), Erica Grandwell, Ellen Hird, Jeremy Hirschi, Kory Holdaway, Michelle Jenson, Vicki Jessup, Kristeen Jones, Chris Keller, Jenifer Llyod, Charlie Luke, Rebecca Martinez, Thomas Merrill, Jennifer Middleton, Jennifer Mitchell, Noah Miterko, Elise Napper (DGO), Joni Nebeker, Andrea Neilson, Robert Nutzman, Stuart Pappas, Tina Persels, Andrew Riggle, Jessica Sanders, Caitlin Schneider, Randall Serr, Matthew Slonaker, Stacy Stanford, Shannon Sturtevant, Peyton Thomas, Mark Ward (Representative), Emily Willis (GOPB), and Sheila Young

## Approval of Minutes:

The May 18, 2023, MCAC minutes will be approved at the next meeting.

## Nominations for open appointments:

Jennifer Marchant announced that the board is accepting nominations for:

- Consumer Representative for Beneficiaries, which was previously filled by Luis Rios

## Committee Discussion and Vote on FY2025 Budget Recommendations:

[https://medicaid.utah.gov/Documents/pdfs/MCAC\\_FY2025\\_Ballot](https://medicaid.utah.gov/Documents/pdfs/MCAC_FY2025_Ballot)

## Public Hearings for 1115 Demonstration Waiver Amendment:

Laura Belgique discussed S.B 41: Integrated Behavioral Healthcare Services, and Long-Term Services & Supports Behaviorally Complex Individuals.

The documents which were presented are embedded in this document.

[https://medicaid.utah.gov/Documents/SB\\_133\\_Family\\_Planning\\_Public\\_Hearing\\_Overview\\_Final](https://medicaid.utah.gov/Documents/SB_133_Family_Planning_Public_Hearing_Overview_Final)

[https://medicaid.utah.gov/Documents/SB\\_119\\_Adult\\_Dental\\_Public\\_Hearing\\_Overview\\_Final](https://medicaid.utah.gov/Documents/SB_119_Adult_Dental_Public_Hearing_Overview_Final)

[https://medicaid.utah.gov/Documents/SB\\_269\\_Chronic\\_Conditions\\_Support\\_Public\\_Hearing\\_Overview\\_Final](https://medicaid.utah.gov/Documents/SB_269_Chronic_Conditions_Support_Public_Hearing_Overview_Final)

## Director's Report:

Eric Grant gave an update on PRISM Update, CMS Proposed Rules, SPAs, and Rules.

First off, I wanted to add a notification on our submission of our Postpartum Coverage Waiver, that was submitted to CMS on May 18<sup>th</sup> for public comment.

### PRISM:

- Since go live, we've identified 1,170 defects of those, we've been able to correct and/or resolve 61% of them, which I think is a good resolution rate. We have another 23.2% scheduled for release dates in the next few months, the remainder are still items that we are researching and working through. We have made great progress, but we still have a distance to go on making the system stable for normal operations. Our next big release is scheduled for July 13<sup>th</sup>, which will contain several defect resolutions around managed care plans.

### CMS:

- Managed Care Rule: They're proposing appointment wait time standards. Normally, we've had time and distance standards where it's required that a provider be within so many miles or so many minutes of where an individual lives, this new rule would change it to appointment wait time.
- Contract Requirements-Directed payments:
- Reviews on medical loss ratio calculations for managed care plans.
- Updates to quality assessment and the rating systems for quality for Medicaid. Kind of a quick synopsis on that, makes us more in line with how Medicare has done quality.

### SPA's Rules:

The documents which were presented are embedded in this document.

<https://medicaid.utah.gov/Documents/MCAC Rule Summary>

<https://medicaid.utah.gov/Documents/pdfs/MCAC SPA Summary>

## Eligibility and Enrollment:

The documents which were presented are embedded in this document.

[https://medicaid.utah.gov/Documents/MCAC Unwinding Report \(4/23\)](https://medicaid.utah.gov/Documents/MCAC Unwinding Report (4/23))

<https://medicaid.utah.gov/unwinding/>

<https://jobs.utah.gov/mycase-app/ui/home>

### Questions:

Stephanie Burdick asked are many cases closing because they don't qualify. Is that why they're not filling out their paperwork?

Muris Prses stated I think some clarity on this is probably required. Usually if a customer does not complete the review process. The assumption is we are unable to recertify the customer and they would be ineligible. When the customer does complete the review, we will make the return. The determination is based upon the information that's available to us. A lot of time customers, get a reminder that their case is scheduled to close. At that point they complete the review, and we continue with the process, when the review is submitted. It might be a foregone conclusion to say that most people remain and some of people no longer qualify based upon our rules, but we still must look at every case to determine eligibility.

Brian Monsen stated we were surprised to see so many individuals coming off these first two months. I know we were expecting a larger number in the first couple of months, we want to make sure that every family and every member gets the opportunity to stay on the program. We want to be careful about how we look at that, and what we do to help these families and individuals stay eligible.

Muris Prses stated this trend that we're seeing with many closures, this is a somewhat reminiscent of what we used to see in renewal months, prior to the pandemic, what happening is not in frequent that a customer forgets to complete a review, for whatever the reason might be or until they get to the point where they need Medicaid services.

Brian Monsen asked did I hear also that if some of these individuals that lost their eligibility, in the first couple of months, if they get their paperwork in that they would be put back on the fee-for-service program for a month then switch back to the Managed care plan?

Jeff Nelson stated that's correct. However, it depends on the timing, if they're early enough in the process, we can get them back on the same plan. Otherwise, they may get a fee-for-service month for one month.

Jeff Nelson mentioned we're all striving to try and figure out how can we better review the cases and to facilitate the process and make it better. DWS and DHHS have been working to try and automate certain pieces of this to see if we can make the process more efficient, give workers more time to focus on the difficult cases, maybe have the system handle, some of the easier cases if you will. So, we have some improvements coming down the line. We're excited to see some of those things occur. We have, of course, worked with many members of the MCAC Committee to improve some of the notices to get better messaging to our members that we send that work has been ongoing and been very helpful. DWS is starting to see some of the call, wait times go up, as you would expect, we want to see if we can make some improvements there as well.

Stephanie Burdick asked if we look at unemployment numbers to predict Medicaid enrollment and use that as a success metric?

Jeff Nelson mentioned that it's an interesting indicator. It's one of many that we look at, as we go through this process of trying to figure out where we think we'll go. Medicaid is not designed that way; it has several key functions in the eligibility that will actually continue benefits for longer period of time.

## UTA Pass Utilization:

Brian Roach discussed UTA Pass Utilization.

[https://medicaid.utah.gov/Documents/pdfs/UTA Utilization Data](https://medicaid.utah.gov/Documents/pdfs/UTA%20Utilization%20Data)

## Voting Results for Priority Budget Recommendations:

[https://medicaid.utah.gov/Documents/MCAC FY2025 Budget Recommendations \(Final\)](https://medicaid.utah.gov/Documents/MCAC%20FY2025%20Budget%20Recommendations%20(Final))

## Adjourn

Brian Monson made the motion to adjourn the meeting at 3:46 p.m. Calleen Kenney seconded the motion. The next meeting is scheduled for July 20, 2023, at 2:00-4:00 p.m.