

Medical Care Advisory Committee

Minutes of Aug 15, 2024

Participants

Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Joey Hanna, Rachel Craig, Carlos Flores, Daryl Herrschaft, Miquel Gonzales for Melissa Presley, Brian Monsen, TBD, Dr. Robert Baird, Stephanie Burdick, Calleen Kenney, Dr. Jennifer Brinton, Kim Dansie, Gina Tuttle, Cassidy Matthews, and Davis Moore.

Committee Members Absent:

Alan Ormsby, and Michael Jensen

DIH Staff (via phone):

Josip Ambrenac, Tracy Barkley, Gina Boren, Jorge Fuente, Eric Grant, Matt Lund, Jennifer Meyer-Smart, Samantha Moore, Jim Stamos,

Sharon Steigerwalt, Jennifer Strohecker, Greg Trollan, Brian Roach, and Dorrie Reese

Guest (via phone):

Ciriac Alvarez, Amanda Barr (DSPD), Emma Chacon, Kaitlin Doddridge, Rose Dunaway, Amari Earley, Neil Erickson (DGO), Julie Ewing, Diane Gibson, Jacob Glenn, Jessica Greene, Matt Hansen, Allison Heffernan, Kory Holdaway, Matt Isom, Michelle Jenson, Jesse Liddell, Thomas Merrill, Elise Napper (DGO), Joni Nebeker, Andrea Nielsen, Libby Oseguera (Exec Director, UDDC), Anna Ott (GO), Stuart Pappas, David Parke, Jennifer Radcliffe, Andrew Riggle, Destiny Rockwood, Legha Rodak, Jessica Sanders, Caitlin Schneider, Neille Sechrest, Matthew Slonaker, Alliston Spangler, Stacey Swilling (State Dental Director), Jeremy Taylor (AI/AN), Peyton Thomas, Emily Willis, Audry Wood, Sheila Young, Zach Zimmerman, Melissa Zito.

Welcome:

Michael Hales welcomed everyone.

Approval of Minutes:

Kim Dansie made the motion to approve the June 20, 2024, MCAC minutes. Calleen Kenney seconded that motion. The group unanimously agreed.

Welcome new committee member:

Michael Hales welcomed a new committee member for the Consumer Representative for Medicaid Recipients. Daryl Herrschaft, Director, Utah Health Policy Project.

Accepting nominations for a Consumer Representative

Michael Hales' mentioned committee is accepting nominations for a Consumer Representative for the Business Community and a Provider Representative for the Dental Provider Community. If interested, please send to Sharon Steigerwalt at

ssteigerwalt@utah.gov

Medicaid Eligibility & Enrollment Update:

Gina Boren gave an update on Medicaid Eligibility.

Questions:

Rachel Craig asked if the Medical Needy Child Program is different than the Medically Complex Children's Waiver? Asked if those kids are being covered under the complex waiver program?

Gina Boren mentioned that she will need to do some research and get back to her on that.

Brian Roach stated medically needy is essentially spenddown, which is different from Medically Complex Children's Waiver. It is possible that children are moving over there, but we will need to do further research to find out and get back to you on why that number has decreased. Brian also stated that the public health emergency would have affected enrollment.

HCBS Support Services Access and Adequacy of Providers:

Josip Ambrenac gave a report on access to HCBS services and reimbursement for providers.

Questions:

Stephanie Burdick asked what is our reimbursement rate compared to other states?

Josip Ambrenac mentioned we are working to do a rate study to see if we are in line with other states understanding how Utah compares in general from an economic standpoint.

Calleen Kenney mentioned having issues with funding of the programs and being able to pay for caregivers.

Matt Hansen mentioned they see this everyday, it is extremely difficult to keep coming up with solutions with this because of the funding of programs. It's being able to pay caregivers efficiently for reimbursement.

David Parke mentioned they are an active provider for one client on the aging waiver program, they had to discontinue services for multiple people for that reason.

Michael Hales mentioned every legislation session there is an initiative to take people off the DSPD waiting list, which is one of the waivers that the state administers. If we are taking people off the waiting list per se and putting them into services, and there are no providers. What is the value that the state is really delivering on, what is the best avenue for these families to get help getting services?

Josip Ambrenac mentioned that is exactly right, and it is something we are experiencing on the aging waiver program. We work within our provider group to find where they are capable of expanding within the service system. Invitation to submit offer process that administrators use at DSPD when the provider responds to those offers they have to work to contact providers directly to try to find if they can expand capacity to help serve those areas and those families.

Amanda Barr mentioned they are working to get people off the waitlist and to help them find providers.

Michael Hales asked if we could have the department or many of the providers do a general comparison of Medicaid's payment versus Medicare's payment and a commercial payment for these types of services to raise the visibility for the MCAC of how far behind the market Medicaid's reimbursement is?

Dr. Brinton mentioned in primary care Medicaid reimbursement covers about 60% of overhead. It doesn't cover overhead for a primary care visit for a Pediatrics at least our value medicine.

Josip Ambrenac mentioned with some of our rate contractors, a problem that does exist within the Home and Community-Based services realm. In particular, we can define the scope of work from the ground up so there may not be a direct equivalent in another surrounding state or perhaps in the county, which can be problematic when trying to find a comparable program.

Michael Hales mentioned to the extent you can benchmark similar services, similar types of qualifications for the delivery of care and show what the Medicaid payment is to Medicare and to private commercial payments if applicable. I think those usually tell a

pretty good story about where we're at. And then if the study can show similar to the discussion how many people are in service today and have been in service for how many years and providers you're willing to provide care to the existing group of people and services. How many providers are taking new patients? If those rates don't increase, can you speak as an agency? How do you assess the risk in terms of non-compliance with federal law based on your current rates?

Brian Roach mentioned the transformation is the access rule we are still looking to implement. It did change a lot of our responsibilities doing away with the antiquated access monitoring review plan that we've done in the past, but also requiring new things like 80% of reimbursement going to Direct Care Workforce. Our efforts engage with peer learning collaborative to try to advance our Direct Care Workforce.

Michael Hales mentioned I understand the compliance structure you're looking to adhere to but at a higher level in terms of compliance with federal law and a general assurance that you're providing access to care for any service that you're paying for as a Medicaid agency.

We need to raise the awareness that if the state doesn't raise the rates of payment to the providers, then there are different groups that could step in and sue the state and take it to court for non-compliance for complying with the federal law of access to care and this could put the state in some type of receivership program or a court monitoring activity if it becomes drastic enough.

I think those are some of the Dynamics that I think people in the community experiencing this are not wanting to have. But the federal government does have a role in overseeing the state's implementation of the program and if there's enough of a compelling interest, it does subject the state to arrest not saying it's going to happen but of the federal government stepping in and saying you as a state agency or as a funded state agency from legislative appropriations aren't fulfilling the requirements under the program as is been authorized and the federal government are stepping in based on somebody filing an appeal.

Andrew Riggle asked whether these issues have been brought up as part of the Department's conversations with the governor about potential items to be included in his budget. Andrew also mentioned that MCAC as a whole or individually could advocate for issues like this.

Impact to Medicaid Beneficiaries due to System Issues (PRISM and Eligibility):

Jennifer Meyer-Smart gave an update on Medicaid member enrollment in managed care in PRISM.

Please have members call the HPR Team to report these issues: HPR@utah.gov or call 1-866-608-9422.

Jennifer Strohecker said we have identified eligibility issues from the start that have been complicated by Unwinding. Jennifer stated we are committed to continue to work on this as the issues are identified. We recognize that this impacts the member experience. We recognize there are issues we are working on to this day and we will continue to work on. The real impact of this and our primary focus is the care that's received by the member's themselves.

Stephanie Burdick mentioned that so many people do not know that there is anybody they can call to resolve their issues. Stephanie said we know who to turn to, but that is a privilege that 99.9% of Medicaid beneficiaries do not have. It's important that these issues be fixed in a systematic way. So many have received a bill and they don't understand their rights. Many are paying out without any discretionary money and are making different choices about their healthcare decisions. Some choose to forego preventive care because of fear of balance billing. Stephanie spoke about the pain of dealing with collectors. Earning back trust is one of the hardest things. It needs to be dealt with upstream. Stephanie said if there is a way members can be helped to understand their rights, something that acknowledges technical glitches, and encourages members to call HPRs or constituent services. Perhaps a message geared toward unexpected billing.

Jennifer Strohecker acknowledged some members may not know that Medicaid does not allow balance billing or what to do when they get a bill. Jennifer mentioned we have worked with our public relations team on a two-pronged approach and are working on communication. One item is going to providers, a video that will be notified in a MIB that educates providers on their requirements with Medicaid and balance billing. The other item is focused on members. We acknowledge that the member guide has information about balance billing, but it is not prominent. We're also considering social media outreach. This has not been an item we have brought to MCAC so far and will be rolled out in the upcoming months.

Michael Hales offered perspective from the provider standpoint that it may be appropriate to acknowledge that providers were billing members based on system issues preventing correct displays of Medicaid eligibility.

Michael Hales asked some type of communication be sent to the Medicaid enrollees about some of the experiences they might be having if they experience balance billing or challenge with their enrollment, cancellation of their appointments because of provider confusion. Resources where they can go to help navigate some of these experiences.

ACTION

Greg Trollan mentioned he will follow-up around the billing issues to the degree that the HPRs are going to help resolve that issue and discuss the best pathways.

Director's Report:

Jennifer Strohecker gave an update on Medicaid Policy Changes, Medicaid Justice, and SPAs Rules.

The document which was presented is embedded in this document.

<https://medicaid.utah.gov/Director's Report>

SPAs Rules:

The documents which were presented are embedded in this document.

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

Vote to support the New Executive Committee:

Chair: Rachel Craig

Vice-Chair: Dr. Jennifer Brinton

Member-at-large: Announced at next meeting.

Motion was unanimously approved

Adjourn:

The meeting was adjourned at 4:00pm. The next meeting is scheduled for Sep 19, 2024, at 2:00-4:00 p.m.