

ALABAMA MEDICAID AGENCY

Medical Care Advisory Committee

MINUTES August 23, 2017

Present

Commissioner Stephanie McGee Azar
Kim Boswell for Lynn Beshear
Conitha King for Nancy Buckner
Jane Elizabeth Burdeshaw
Barry Cambron
Jim Carnes
Todd Cotton
Latonda Cunningham
Cynthia Dobyne
Gretel Felton
Mary Finch
Kathy Hall
Scott Harris
Phil Hecht
Nate Horsley
Jerri Jackson
Bob Kurtts
Linda Lackey
Linda Lee
Sylisa Lee-Jackson
Stephanie Lindsay
Paul McWorter
Katrina Magdon
Zach Malone
Carolyn Miller
Tom Miller, MD
Robert Moon, MD
Drew Nelson
Flake Oakley

Sharon Parker
Ozenia Patterson
Marsha Raulerson, MD
Robin Rawls
LaQuita Robinson
Timikel Robinson
Annie Smith
Johnathan Sorter, Pharm. D.
Varonica Wagner
Kelly Watters
Ginger Wettingfeld
James Whitehead
Kim Black

Call to Order/ Opening Remarks at 2:00pm:

Commissioner Stephanie McGee Azar - Commissioner welcomed everyone to the MCAC meeting and opened with introductions.

Moving Forward From RCOs:

Commissioner Stephanie McGee Azar - shared that due to the multitude of hurdles in federal regulations, funding considerations and the potential for new opportunities for state flexibility regarding Medicaid spending and services under the Trump Administration, the RCO program was canceled. This was not an easy decision given all of the work that the staff of Medicaid, along with many other partners, have done in creating the RCO program. She expanded on some of the logistics that was encumbered in pursuing the RCO program and why she and Governor Ivey felt that it was time to pursue alternative means to manage and fund the Medicaid program. One of the avenues that Medicaid will be entertaining is Health Home, a component that is being pulled from the RCO model. However, nothing has been determined; and Commissioner Azar requested and appreciated any and all suggestions offered by the committee members to be sent to her for consideration and review by the staff of Medicaid. She also shared that currently the 2018 Fiscal budget was on track.

Q: Does the Commissioner anticipate that Medicaid's potential new direction of Health Homes require a new waiver? And if so, do you think that there will be conditions placed on the waiver?

A: More than likely Health Home, if pursued, CMS will more than likely place Health Home in a new waiver and not the 1115 waiver. I do think that there will be request and pressure from some to implement conditions 1) work requirements and 2) co-pays. These, and any other conditions placed in a waiver, will be reviewed and researched closely.

Q: What are the chances that Alabama would expand Medicaid at this late hour?

A: As of today, Governor Ivey and I have not discussed expansion. However, should Governor Ivey decide to expand Medicaid, it would require the Legislature to be on board. It is my opinion that in today's current climate in the Legislative arena, that would be a hurdle. Having said that, there are many things pending in the Trump Administration that could change the perspective on expansion.

Opioid Trends in Alabama Medicaid:

Dr. Robert Moon - began his presentation of "Opioid Prescribing Trends and Outcomes" by sharing that looking at opioid use and abuse in general is already a concern of the Alabama Medicaid Agency, and that in medical care, some things do not change – 5% of the recipients cost 50% of the funds. Analytics will play a big part in assisting Medicaid in forecasting what the needs of Medicaid will be in the future. Using a graph presentation, Dr. Moon shared prescribing trends CY 2011 - CY 2016 in the various methods ranging from Members Receiving a Full Agonist Opioid Prescriptions, Change in Opioid Prescribing, Trends in Prescribing Sources, Percentage of Medicaid Members Prescribed an Opioid, Medicaid Drug Utilization by AHFS Class, Medicaid Opioid Drug

Spend: FY 2011 – FY 2016 (in millions) to the Effect of Drug Dependency on Average Annual Claims Cost Per Member: CY 2015; as well as, AMA Newborns Diagnosed with NAS, Regional Distribution of Medicaid NAS Deliveries 2015, Cost Analysis of Neonatal Abstinence Syndrome and finishing with a slide from the CDC (not Medicaid driven) Probability of Continued Opioid Usage Among Naïve Patients Based on Number of Days Supply in Initial Opioid Prescription. In closing Dr. Moon shared that Governor Ivey has reappointed the Opioid Counsel to address the needs in Alabama.

Eligibility Update:

Paul McWhorter - In July the Agency began utilizing a nationwide database to perform Asset Verification Services (AVS) to assist in identifying and verifying disclosed and non-disclosed Financial Institution (FI) accounts for beneficiaries and applicants for Elderly and Disabled Programs. The use of an electronic data source is anticipated to assist in a more timely eligibility determination as well as possible cost avoidance due to the discovery of non-disclosed assets.

New Medicare Card Project:

Gretel Felton - The [Medicare Access and CHIP Reauthorization Act \(MACRA\) of 2015](#) requires Medicare to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. The SSN is being removed from the Medicare number to protect the beneficiary's personal information and fight medical identity theft for people with Medicare. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. Medicare should begin mailing new Medicare cards to individuals as soon as April 2018. This change will not affect Medicaid benefits or their Medicaid card. Providers may have to make changes to their systems to accept the new Medicare numbers. Providers can go to <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html> to find out how to get ready for the changes.

Maternity Care Program:

Sylisa Lee-Jackson - The Maternity Care Program will be moving forward in 2018. The 1915(b) Waiver will expire on August 31, 2017. Medicaid submitted a request to CMS to extend the current Waiver for an additional two years. The request was submitted to CMS on May 31, 2017. The Waiver application is still under review by CMS. Medicaid has requested a 30 day temporary extension. Medicaid will be pursuing 2018 contracts with Primary Contractors. District 10 and District 12 are reimbursed fee-for-service. District 10 has been fee-for-service since January 1, 2016 and District 12, since January 1, 2017. Medicaid is considering other program administration options for both districts. More information will be shared at a later date. Medicaid is reviewing the New Managed Care Rule and has requested dialogue with CMS to determine how it will affect the Maternity Care Program.

Integrated Care Networks:

Ginger Wettingfeld - The current ICN program information is available on the Medicaid website under Managed Care. We plan to have a competitive procurement released in September, with responses due before the end of the year. We are working with CMS to determine the best model for the state of Alabama. Our goal is to lay out an infrastructure that prepares the system for the increased need for Long Term Care services in the next 5-10 years.

LTC Electronic Visit and Verification:

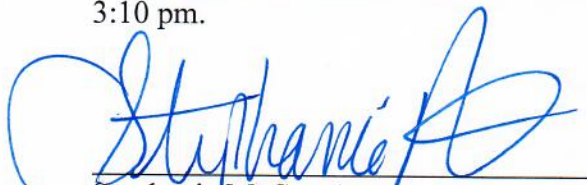
LaQuita Robinson - The Agency will begin using an Electronic Visit Verification (EVV) system for services provided to recipients on our HCBS Waivers this October. EVV is an electronic system that verifies when a provider visit occurs and documents the precise time and location services begin and end. It ensures that individuals receive their medically necessary services. In December 2016 The 21st Century Cures Act was signed into law. While most are familiar with the funding needs it provides to mental health and substance abuse programs, it also addresses technology and innovation in healthcare. It requires Medicaid state plan and waivers to implement an EVV by 2019 and for home health by 2023. The law entitles up to 90 percent federal funding for doing so and subsequently, with up to 75 percent federal funding for operations and maintenance. EVV systems have proven to drive efficiency, reduce cost and mitigate fraud. First Data was selected last summer as our Vendor through the RFP process.


There are 6 areas that must be verified to meet the federal standards. (i) the type of service performed; (ii) the individual receiving the service; (iii) the date of the service; (iv) the location of service delivery; (v) the individual providing the service; and (vi) the time the service begins and ends.

The Agency looks forward to witnessing the positive impact EVV will have on in home care service delivery.

Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 3:10 pm.


Stephanie McGee Azar
Commissioner


Kim Black
Recording Secretary