

ALABAMA MEDICAID AGENCY

Medical Care Advisory Committee

MINUTES

October 21, 2013

Attendees

Karen Coffey, Melinda Davis, John Ziegler, Danne Howard, Linda Lee, Jackie Ayers, Jim Reddoch, Dane Yarbrough, R.Ph., Mark Jackson; Louise Jones

Medicaid Attendees

Don Williamson, MD, Acting Commissioner Stephanie Azar, Robert Moon, MD, Kathy Hall, Kelli Littlejohn, Gretel Felton, Ozenia Patterson, Ginger Wettingfeld, Elizabeth Conner, Sylisa Lee-Jackson, Mary Hasselwander, Henry Davis, Derik DuBard

Call to Order

Acting Commissioner Stephanie Azar called to order the meeting of the Medical Care Advisory Committee at 1:30 in the Executive Boardroom. Ms. Azar welcomed everyone and stated that these are very busy times at Medicaid with the establishment of the regional care organizations (RCO). She called upon Dr. Don Williamson, Chairman of the Medicaid Transition Task Force, to update the Committee on this effort.

Regional Care Organizations Update

Dr. Don Williamson reported that the regions have been created, the web portal is in effect and the rules governing collaboration were released as emergency rules and will go out soon as rules for permanent adoption. The governance rules are now being developed with a goal to have them published at the end of November. Following the comment period, the date for final adoption should be in February, 2014. Medicaid is anticipating a 90 day period from the time of acceptance of an application to approval for a probationary RCO.

Overview

Dr. Williamson stated that work has begun on the 2015 budget. On-going discussions are being conducted with CMS regarding moneys that Alabama Medicaid has received over a six year period, to which they question if Alabama was entitled. Fears persist that cuts which were made to providers in the 2014 budget are not sustainable for the future. Projections reflect that Medicaid will be able to meet all of its obligations through September, 2014; but funds will be depleted at that point. The pharmacy program continues to be studied and will present challenges for the 2014 legislative session.

Pharmacy Update

Kelli Littlejohn, R.Ph., PharmD, reported that the Governor's Medicaid Pharmacy Study Commission continues to meet. The Commission is not charged with making recommendations to the Governor but will be reporting its findings to him. Staff has contacted other states to compare what's being done elsewhere to control cost.

The Medicaid pharmacy program continues to work through the various cuts and changes which includes a mandatory three month supply on certain chronic drugs be certified by the pharmacy program. A dedicated e-mail address has been established to receive questions and concerns from Medicaid recipients. Recipients can also contact the Medicaid call center with questions and HP/HID academic detailers are working on an educational response as well. In January, the program will institute a prescription limit for adults that will include a five total prescription limit of which up to four can be brand name drugs. Educational materials have been developed for providers that will assist with the various changes.

RCO Quality Assurance Committee

Dr. Robert Moon called upon Drew Nelson for an update on the RCO Quality Assurance Committee. Mr. Nelson reported that the QA Committee has been established through the recently passed legislation and consists of Medicaid providers along with other related outside entities throughout the state; 60% physicians and 40% others. They will hold their first meeting October 29th.

HIE Update

Dr. Moon reported that the Agency continues to meet with representatives of Blue Cross and provider associations in developing a definitive business plan for the HIE. This effort is separate from the meaningful use plan that is on-going.

Maternity Program Update

Dr. Moon called upon Sylisa Lee-Jackson for the Maternity Program update. Ms. Jackson reported the Agency is in the process of renewing contracts with fourteen maternity care contractors. CMS has granted a two year waiver extension for the administration of the program. The Agency currently has fourteen maternity care primary districts throughout Alabama. Effective November 15, 2013, one of the maternity care contractors will discontinue services for District Eight leaving the counties of Sumpter, Marengo and Choctaw counties without coverage. The Agency is in the process of reviewing methods to provide care to recipients in those counties. Once a decision is made, notices will be sent out to providers and recipients. Under the new Affordable Care Act (ACA), the program is required to provide tobacco cessation counseling to maternity recipients. This effort is underway with a deadline for the program to be in place by December 1st.

Primary Care "Bump" Update

Dr. Moon called upon Theresa Richburg for her update. Ms. Richburg reported that under the ACA an increase in payments will be given for certain E/M codes and vaccine administration codes under the Vaccines for Children program to physicians and nurse practitioners who qualify. In order to qualify, physicians must attest to being Board certified in family medicine, general internal medicine, pediatric medicine or verify that at least 60 percent or more of the Medicaid codes billed in the previous year were for one of these covered codes. Health departments, Federally Qualified Health Centers (FQHC) and rural health clinics are not eligible. As of now, the Agency has approximately 2,373 Alabama physicians enrolled in the program and has spent \$28.9 million in additional payments. These rates are scheduled to continue through December, 2014. (Addendum No. 1)

Eligibility Update

Dr. Moon called upon Gretel Felton for the eligibility update. Ms. Felton reported on the new Eligibility and Enrollment system that was launched on October 1, 2013. This on-line system provides families and individuals the option to apply for Medicaid through the "insurealabama.org" website. Ms. Felton provided the Committee members with a hand-out which outlined the Agency's efforts addressing the Express Lane Eligibility program and the Expedite Nursing Home portal as well. (Addendum No. 2)

Gateway to Community Living Update

Dr. Moon called upon Ginger Wettingfeld for the update on Gateway to Community Living. Ms. Wettingfeld presented a power point presentation explaining the Gateway to Community Living program. This long term care rebalancing project is funded by the federal "Money Follows the Person" rebalancing grant demonstration. (Addendum No. 3)

Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 2:30 p.m.


Stephanie McGee Azar
Acting Commissioner


Kandy Hudson
Recording Secretary

The Physician's Primary Care Rate Increase

The "BUMP" refers to increased payments to primary care physicians and non-physician practitioners under the ACA for certain E/M codes and vaccine administration codes under the Vaccines for Children program effective January 2013.

In order to qualify, physicians must self-attest to be board certified in:

Family medicine

General internal medicine

Pediatric medicine

Verify 60 percent or more of the Medicaid codes they billed in the previous year were covered codes.

Health departments, Federally Qualified Health Centers, and Rural Health Clinics are not eligible.

We began paying the new rate in July by reprocessing those paid at the old rate retroactively to January 1, 2013. The new rate will continue through 2014.

Approximately **2373** Alabama primary care physicians who qualified have received more than **\$28.9** million in additional payments.

Alabama Medicaid Eligibility Update –October 2013

New on-line web Portal:

The Alabama Medicaid Agency and ALL Kids agencies successfully launched the new joint Eligibility and Enrollment system (E&E system) application web portal effective October 1, 2013. So far, 964 accounts have been created, 723 applications created, and 467 applications signed for MAGI (Modified Adjusted Gross Income) eligibility effective 1/1/2014. The insurealabama.org website offers families and individuals the option to apply for 1/1/2014 MAGI eligibility through the new portal, or to apply using the current website for eligibility now. Alabama has been a forerunner in accessing verifications through the federal hub; being the first state using the Federal Marketplace to receive approval for using IRS data. We are enjoying tremendous early success in being able to verify applicant data through the Federal hub. The E&E system has a 93.5% rate verifying citizenship through The Department of Homeland Security; An 83.7% rate verifying current income through a wage database called TALX; a 98.3% rate verifying SSA income; and a 79.7% rate verifying IRS data. These automated verifications through the federal hub, will produce more real time determinations and quicker enrollment for applicants. In addition, DHR has developed an Express-lane eligibility web-service which will allow us to provide real-time Express-lane eligibility determinations in the new system.

The E&E system project is a team effort of a large group of highly motivated staff from Medicaid, All Kids, Alabama Department of Public Health (ADPH), DHR, and the Governor's office. The system is being developed by ADPH. This application portal represents the first phase of the joint project. By January 2014, Medicaid programs for MLIF adults, (parent/caretaker relatives), pregnant women, Medicaid and All Kids children, Plan First Family planning women, and the Breast and Cervical Cancer program will be converted to the new system. As part of ACA implementation, approximately 25,000 children will be transferred from ALL Kids to Medicaid effective January 1, 2014. Medicaid will also begin certifying eligibility for individuals who have aged out of foster care, and may remain Medicaid eligible up to age 26.

By December 2015 the E&E system will also include Medicaid Elderly and Disabled populations and DHR Family Assistance, Food Assistance and Child Care programs.

Express Lane Eligibility (ELE) update:

Using data from Alabama DHR's (Department of Human Resources) Food Assistance and Family Assistance programs, Alabama Medicaid has successfully completed our ninth run of the automated Express Lane Eligibility renewal match and administrative reviews. The numbers for this current month of automated ELE renewals has **68.38%** match rate on individuals with DHR's SNAP/TANF database with **47.97%** of the cases being automatically reviewed due to the ELE match (**43.2%**) or administrative reviews (**4.73% for child only cases**). These percentages have been very consistent each month. AMA has auto-renewed **87,257 cases** since implementing this ELE match in February 2013, which represents 180,000 or more individuals. Since the daily automatic pending Express Lane match was implemented on 6/20/13, we've updated the Express Lane Eligibility data on **9,305** pending applicants as well.

Expedite Nursing Home Portal

A new online application system is helping streamline the process of applying for Medicaid in the Nursing Home. Launched July 1, the Expedite online application system was designed in response to feedback from nursing home administrators and admissions representatives, Medicaid eligibility staff and recipients. These applications feed into Medicaid's eligibility system. As of 10/18/2013, 315 applications have been submitted by 290 registered users. 24% of nursing home facilities have used the system. Key benefits of the new web portal include the ability to verify that the application and any supporting documents have been received; the ability to date-stamp the application to ensure the accuracy of accrual rights to benefits; the ability to add documents as needed, and attach them to a previously submitted application; the ability to track the application as it moves through the eligibility determination process; the ability to add additional representatives; the elimination of the need to re-key data from paper applications; and the prevention of duplication arising from multiple paper applications for the same client.

Contact: Gretel Felton, (334) 242-1720; gretel.felton@medicaid.alabama.gov

Update on the new Healthcare Application Process in Alabama Effective 10/1/2013

What paper applications will be available?

Alabama has developed a new customized single streamlined paper application, which allows people to apply for health coverage in Medicaid, CHIP (ALL Kids) and the new Marketplace all at once, for eligibility effective January 1, 2014. Individuals that want coverage now must complete the current 291 Medicaid and All Kids application form. The Federal Marketplace has separate streamlined paper application forms, which can also be used to apply for all three programs.

What are the different ways people can apply in Alabama?

People will be able to apply on-line, in person, on the phone, or through the mail, starting October 1.

How will the on-line application work?

When people apply on-line, they will start by answering some standard questions (for example, name and address). As they continue, questions will appear based on their prior answers, so they will only have to answer questions that are relevant to them. People will have the option to apply on-line for coverage now, or apply for new coverage options effective January 1, 2014. In some cases, people will be able to get an answer as to whether they are eligible for Medicaid or CHIP while they are still on-line.

What if an applicant is found not eligible for Medicaid or CHIP – will the application automatically be sent to the Marketplace for review, or does the applicant have to do something more?

Applications entered in the new E&E system for people determined not eligible for Medicaid or CHIP in Alabama will be automatically transmitted to the Federally- facilitated Marketplace for review. Early in the open enrollment period, there may be some delay in the transmission of these accounts. Right now, Alabama expects to be able to transfer this information to the Marketplace quickly within enough time to finish processing the application so the individual can get coverage starting on January 1, 2014 (which is the first date that coverage is available in the Marketplace). Applicants will need to go to www.healthcare.gov to open an account in the Marketplace; they can do this as soon as they find out their application will be transferred, to help expedite the processing at the Marketplace.

What will happen if an applicant is determined or assessed eligible for Medicaid by the Marketplace? Will the application automatically be sent to the Medicaid or CHIP program, or will the applicant have to do something more?

The Federally- facilitated Marketplace (FFM) will send the application to the state Medicaid or CHIP Program without the person having to do anything. Early in the open enrollment period, there may be some delay in the transmission of this information from the Marketplace to the state. We expect that Alabama will start receiving those applications from the Marketplace by November 2013. Applicants should hear from the state Medicaid or CHIP program shortly after that. Since Alabama allows the FFM to determine eligibility for Medicaid and CHIP for coverage starting on January 1, 2014, this will not delay a person's enrollment if they are found eligible.

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Gateway to Community Living

Alabama's Long Term Care rebalancing project

funded by the federal Money Follows the Person Rebalancing Grant Demonstration



Gateway to Community Living

CMS Objectives for the Demonstration

1. Increase the use of home and community-based, rather than institutional, long-term care services;
2. Eliminate barriers or mechanisms, whether in the State law, the State Medicaid plan, the State budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice

Gateway to Community Living

3. Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting; and
4. Ensure that procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

Gateway to Community Living

Key Benefits of the Demonstration (available through 2016)

- Enhanced FMAP (84% vs. 68%): Cost Savings resulting from enhanced FMAP re-directed to enhance HCBS services to create “rebalancing fund”
- Qualified HCBS Services - State Plan HCBS and waiver services that receive an enhanced rate
- Demonstration Services- Specialized HCBS services that may receive an enhanced rate
- Supplemental Services- Services not long-term care in nature, one-time transition costs only offered during the demonstration and are reimbursed at the standard FMAP rate.
- Administrative costs reimbursed at 100%
- Potential for further Aging and Disability Resource Centers (ADRC) funding up to \$400,000



Gateway to Community Living

Alabama's Project Objectives

- Expanded Capacity to Serve Individuals with Developmental Disabilities
- Expanded Capacity to Serve Individuals with Mental Illness
- Transition Assistance
- Outreach
- Progress Toward a No-Wrong Door Single Point of Entry
- Expanded Supports for Self-Direction
- Accessible Housing Assistance
- Dedicated Information Technology Support

Gateway to Community Living

Who qualifies?

- Participant who has been in a qualified inpatient facility for more than 90 days; with Medicaid paying for at least one day of service;
- Participant will then transition into one of Alabama's 7 Home and Community Based Services (HCBS) Waivers

Gateway to Community Living

Qualified Inpatient Facility

- A hospital, nursing facility, or an intermediate care facility for persons with mental retardation.
- An institution for mental diseases only to the extent medical assistance is available under the State Medicaid plan for services provided by such institution.
Medicaid payments may only be applied to persons in IMDs who are over 65 or under 21 years of age.

Gateway to Community Living

Alabama's HCBS Waivers

- Elderly and Disabled Waiver-Operated by Alabama Department of Senior Services
- State of Alabama Independent Living (SAIL) Waiver-Operated by the Alabama Department of Rehabilitation Services
- Technology Assisted Waiver-Operated by the Alabama Medicaid Agency
- HIV/AIDS Waiver-Operated by the Alabama Department of Senior Services
- Alabama Community Transition Waiver-Operated by the Alabama Department of Rehabilitation Services
- Intellectual Disabilities Waiver-Operated by the Department of Mental Health
- Living at Home Waiver-Operated by the Department of Mental Health



Gateway to Community Living

Current Waiver Transition Capacity

HCBS Waiver	Capacity	Slots Reserved for Transition
Elderly and Disabled	9,205	100
SAIL	660	25
Intellectual Disabilities	5,260	25
Living at Home Waiver (ID)	569	25
Technology Assisted	40	5
HIV/AIDS	150	25
Alabama Community Transition	200	200
Total	16,084	405

Gateway to Community Living

Waiver Transition Capacity with proposed 8th Waiver (ACT II)

HCBS Waiver	Capacity	Slots Reserved for Transition
Elderly and Disabled	9,205	100
SAIL	660	25
Intellectual Disabilities	5,260	25
Living at Home Waiver (ID)	569	25
Technology Assisted	40	5
HIV/AIDS	150	25
Alabama Community Transition	200	200
Alabama Community Transition II	200	200
Total	16,284	605

Gateway to Community Living

Demonstration Service: Transitional Assistance

- Security deposits that are required to obtain a lease on an apartment or home
- Essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- Household services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy
- Moving expenses

Gateway to Community Living

Demonstration Service: Accessible Housing Assistance

- Assistance with locating accessible and affordable housing that will meet an individual's needs;
- Assistance in developing accessibility of a selected residence through assessment and development of a person-centered accessibility plan;
- Where not available in the program service package as a Qualified Service, Assistive Technology Evaluation;
- Where not available in the program service package as a Qualified Service, Assistive Technology and Environmental Adaptations that will make the home accessible and increase independence.

Gateway to Community Living

Expanded Supports for Self-Direction

- Targeted outreach to ensure individuals and families have a full understanding of the opportunities for self-direction, the potential benefits and the supports available to self-directing participants.
- Further develop a comprehensive self-directed risk management tool that is user-friendly for all population groups targeted by the MFP Rebalancing Demonstration
- Evaluate key factors and outcomes.

Gateway to Community Living

Progress Toward a No-Wrong-Door SPE

- Planning initiative to integrate and streamline access to the Gateway to Community Living project and the entire HCB long term care support systems across all disability and aging populations.
- Expand the ADRC in both scope and presence, ensuring that the disability network is an integral part of the system.
- Assessment and Options Counseling processes carefully monitored and formatively evaluated for improvements
- Eligibility screening and determination will be folded in to the existing information and referral capacities of the ADRC.

Gateway to Community Living

Alabama's Operational Protocol available at:
www.Medicaid.alabama.gov

Programs>Long Term Care>Long Term Care Rebalancing

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