

ALABAMA MEDICAID AGENCY

Medical Care Advisory Committee

MINUTES

November 5, 2015

Attendees

Jim Carnes, Lawrence Gardella, Mark Jackson, Linda Lee, Roosevelt McCorvey, MD, Katrina Magdon, Tom Miller, MD, Neal Morrison, James V. Perdue, Marsha Raulerson, MD, Stephanie R. Bryan (by phone), Nina Ford, MD (by phone), Nate Horsley (by phone), Conitha King representing Nancy Buckner

Medicaid Attendees

Commissioner Stephanie Azar, Morgan Arrington, Chris Brodie, Beverly Churchwell, Henry Davis, Derick DuBard, Kathy Hall, James Hartin, Jerri Jackson, Sylisa Lee-Jackson, Stephanie Lindsay, Amanda Mitchell, Drew Nelson, Kelli Littlejohn Newman, Flake Oakley, Sharon Parker, Ozenia Patterson, Robin Rawls, Theresa Richburg, Dr. Rowe, Jackie Thomas

Call to Order

The Medical Care Advisory Committee Meeting was called to order by Commissioner Stephanie Azar at 3:05 p.m. Commissioner Azar welcomed everyone to the meeting. The meeting was directed by Kathy Hall.

Pharmacy Update

Kelli Littlejohn Newman informed every one of the pharmacy tax change recently passed by the Legislature. The law increased the business pharmacy tax on every prescription in the state of Alabama. This is a supplemental tax increase of fifteen cents for a two year period. The tax will be paid by the Pharmacy and it became effective September 1, 2015. Also, the law requires Alabama Medicaid to submit to CMS a State Plan Amendment to increase the dispensing fee for pharmacy prescriptions. The dispensing fee is now \$10.64 and the effective date of the change was October 1, 2015.

Medicaid Long Term Care Legislation

Kathy Hall gave a brief overview of the Medicaid Long Term Care Program which is now known as the Integrated Care Networks (ICN). It was signed into law on June 3, 2015. Patterned after the RCO legislation, the long-term care bill will shift the financial risk from tax payers to private investors. The legislation give Medicaid the authority and flexibility it needs to set standards and oversee implementations. The ICN program is expected to be up and running by October 2018. (See Appendix I)

Primary Care Bump

Beverly Churchwell gave a brief update of the Primary Care Bump. This was originally implemented in 2013 by the Affordable Care Act (ACA). The state received 100% federal match for increase in pay to the evaluation management codes as well as documentation codes for primary care services. In 2015 & 2016 the state received appropriation to continue the primary care bump. On an average, about 1400 providers received it in the year 2014. This is expected to continue throughout fiscal year 2016.

Budget Update

Flake Oakley presented the update for the fiscal year 2016 Budget. The general fund 2015 appropriation was \$685 million. He stated that the Medicaid Agency ended the year of 2015 with a budget deficit carry over of \$41 million. The total need for the 2016 budget is \$744.5 million. The Agency has total funding of \$709 million for the year 2016. There is a funding shortfall of \$35.5 million for fiscal year 2016 with anticipation of additional funds to continue.

Regional Care Organization (RCO) Updates

Flake Oakley informed the committee of the current waiver status and timeline. He stated that there have been several meetings with CMS in regards to the 1115 Waiver approval process. The process has been steady and should be completed by the end of this year. The 1115 Waiver should be placed into effect by April 1, 2016.

Jerri Jackson gave the update on the Probationary Regional Care Organizations. There are currently eleven Probationary RCOs. The Managed Care Division has put their focus on working with the different physician groups, identifying the questions and issues concerning RCOs. The Medicaid Agency is in the process of putting out an enrollment broker request for proposal (RFP) to reach out to the enrollees in the program and offer them a selection of RCOs within the region that they live. On April 1, 2015, the Agency implemented the Health Home Program. Six health homes provide care coordination which is very instrumental in moving forward with the RCOs. The care coordination will provide services to the general population, health homes, and maternity recipients.

Morgan Arrington gave the update for the RCO contract. She stated that the Medicaid Agency began putting together the RCO contract in June 2014. The first draft was released in December 2014. A public comment period was opened for input and feedback. It took the Agency three months to work through the comment period. The second draft of the RCO was released in September 2015. After the second comment period, the contract was completed in October 2015 for approval.

Robin Rawls presented the overview of RCO Stakeholder Engagement & Communications. The Agency's plan is to be very intentional about communicating with stakeholders, especially providers and recipients. The overall goal is to ensure that enrollees and providers are clearly and appropriately informed about programs and services including how to access and use them so that improved health outcomes may be achieved. (See Appendix 2)

James Hartin gave the RCO update on the Indian Tribe Consultations. The Tribal Consultation was enacted several decades ago by executive order. The policy states that before a state or federal agency takes action that could affect the rights of federally recognized Indian tribes, the agency should first consult with that tribe to see what their thoughts are on the change. The RCO program will bring many changes to the process of Medicaid enrollees. Earlier this year, Medicaid met with the only federally recognized tribe in Alabama (the Poarch Band Creek Indians) and informed them about the RCO program. Also, Medicaid scheduled regular and meaningful consultations to get them on board with the RCO program.

Maternity Program Update

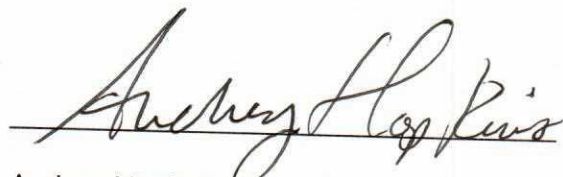
Sylisa Lee-Jackson presented the update for the Maternity Care Program. She stated that the Managed Care Division released a request for proposal (RFP) for the Maternity Care Program in July 2015. The contracts were awarded in October 2015. During the release of the RFP, there were changes that occurred which affected district ten and district six. The Gift of Life Foundation will no longer provide maternity care services to pregnant women covered by Medicaid who live in district ten and six effective December 31, 2015. The reimbursement for the provision of maternity care services in district ten will be paid fee-for-service effective January 1, 2016. Quality of Life Health Services will be the provider of maternity care services to pregnant women covered by Medicaid who live in district six effective January 1, 2016. (See Appendix 3)

ADJOURNMENT

There being no further business to come before the committee, the Medical Care Advisory Committee Meeting was adjourned by Kathy Hall at 4:25 p.m.



Stephanie McGee Azar, Commissioner



Audrey Hopkins, Recorder

MEDICAL CARE ADVISORY COMMITTEE MEETING

Thursday, November 5, 2015

Medicaid Boardroom

3:00 P.M.

A G E N D A

Opening Remarks

Stephanie M. Azar, Commissioner

Reports - Kathy Hall

1. Pharmacy Update
Cost of Dispensing Update: *Kelli Littlejohn, R.Ph., Pharm. D.*
2. Integrated Care Networks: *Kathy Hall*
3. Primary Care Bump: *Beverly Churchwell*
4. Budget Overview: *Flake Oakley*
5. RCO Update: *Jerri Jackson*
 - a. Current Waiver Status & Timeline
 - b. RCO Developments
 - Current Probationary RCOs - *Jerri Jackson*
 - Solvency Requirements - *Flake Oakley*
 - Service Delivery Networks Evaluations - *Drew Nelson*
 - Readiness Reviews - *Jerri Jackson*
 - RCO Contract - *Morgan Arrington*
 - c. RCO Stakeholder Engagement & Communications - *Robin Rawls*
 - d. Indian Tribe Consultations - *James Hartin*
6. Maternity Program Update - *Jerri Jackson & Sylisa Lee-Jackson*

Open Forum

Closing Remarks

MEMBER	REPRESENTATIVE (if member is absent)	EMAIL ADDRESS
1. Jeff Arrington		
2. William R. Blythe, MD		
3. Cary Boswell		
4. Stephanie R. Bryan	By Phone	
5. Nancy Buckner	Cynthia King	
6. Jim Carnes	Jim Carnes	jim@alaniv.org
7. Anne-Laura Cook, MD		
8. Mary Finch		
9. Nina Ford, MD	By phone	
10. Lawrence Gardella	L. R. Gardella	
11. Danne Howard	Nate Horsley	
12. Mark Jackson	By Phone	
13. Louise Jones		
14. Linda Lee		
15. Roosevelt McCorvey, MD	Linda Lee	llg@calca.org
16. Katrina Magdon	Roosevelt McCorvey	rmc@calca.org
17. Tom Miller, MD	Katrina Magdon	kmagdon@anha.org
18. Neal Morrison	Tom Morrison	
19. James V. Perdue	James Perdue	James.Perdue@MH
20. Marsha Raulerson, MD	Marsha Raulerson	mraulerson@aap.net
21. Dane Yarbrough, R.Ph.		
22. John Ziegler		

Nate Horsley (by phone)

NAME		AGENCY REPRESENTING	EMAIL ADDRESS
James Herbin		AMA	
Morgan Arrington			
Derick DuBard			
Kelli L. Hargrove Newman			
Kathy Hall			
Amanda Mitchem		AMA	
Sharon Parker		AMA	
Beverly Churchwell		AMA	
Dan Haney Barendse		APHCA	
Drew Nelson			
Sylisa Lee Jackson			
Jeri Jackson			
Ozella Patterson			
Du Rowe			
Flake Ankley			
Chris Brodie			
Henry Davis			
Stephanie Lindsay			
Robin Gault			
Theresa Richburg			
Jackie Thomas			

Overview

Elected and appointed officials in Montgomery are working to reform Alabama Medicaid to provide more certainty and predictability in funding and improved outcomes for beneficiaries. The first step in the process was passing legislation in 2013 to set up at-risk, provider driven regional care organizations (RCO). RCOs will manage care and payments for designated Medicaid recipients and shift the financial risk from taxpayers to private investors. While the legislation excluded long-term care, it called for a study group to evaluate that segment of the Medicaid population and report its findings to the Governor and Legislature.

The study group's work led Medicaid to recommend legislation that will establish a competitively bid, integrated network to govern Alabama's long-term care services. Patterned after the RCO legislation, the long-term care bill will shift the financial risk from taxpayers to private investors. It provides seats on the governing and advisory boards for interested stakeholders and beneficiary representatives. The legislation gives Medicaid the authority and flexibility it needs to set standards and oversee implementation.

Key points of the legislation:

1. Creates a provider organized, at-risk, Integrated Care Network (ICN) system that would begin no later than October 1, 2018.
2. Allows Medicaid to determine the number of ICNs and solvency requirements based on actuarial soundness, and choose from applicants in a competitive bid or procurement process.
3. Permits Medicaid to choose the class of beneficiaries to be served by the ICN from those eligible for long-term care in a nursing home or a home and community based services setting, and among those that also have Medicare benefits. These beneficiary groups aren't covered under the RCO system.
4. Medicaid beneficiaries can't be in both the RCO and ICN.
5. An ICN will be at-risk because it will receive a capitated payment and be responsible for managing and paying for all care rendered to its beneficiaries.
6. An ICN must contract with any willing Medicaid certified service provider and must reimburse providers not less than the rates for that provider under Medicaid's rate setting system.
7. Medicaid will oversee all of the ICN's activities; approve its board composition, charter and bylaws; and conduct quality assurance reviews.
8. An ICN board will be similar to RCOs, with 12 members representing at-risk participants and 8 members representing non-at-risk participants.
9. An ICN must have an advisory board with members representing the community, advocacy groups, Medicaid beneficiaries or their sponsors and non-at-risk providers.
10. ICN governing and advisory boards must meet diversity guidelines.
11. Similar to the RCOs, the ICN system will not be regulated by the Alabama Dept. of Insurance and its collaborators will be afforded state anti-trust immunity.

Medical Care Advisory Committee
November 5, 2015

Communicating Change:
RCO Communications

RCO Communications

Communicating about Medicaid's transformation:

- The Agency's plan is to be very intentional about communicating with stakeholders, especially providers and recipients.
- The overall goal is to ensure that enrollees and providers are clearly and appropriately informed about programs and services including how to access and use them so improved health outcomes may be achieved.
- Today's goal is to solicit MCAC member input and feedback on how to best inform and engage stakeholders.

Why it Matters

- Easier transition for all
- Support new working relationships
- An opportunity to work through issues and concerns ahead of time
- Improved patient compliance and better outcomes
- Patient empowerment via improved communications
 - Most patients want to do the right thing, if they only knew what that was
- Fewer phone calls and emails

Current Activities

Focus areas:

- Development and implementation of minimum standards and guidelines for review of provider and enrollee communications
- Facilitation of communications between provider groups and P-RCOs
 - Important relationship shift from Medicaid to RCOs
 - Many operational decisions will rest with RCOs
- Development of workgroups to address special issues
 - Medicaid will facilitate meetings between providers and P-RCOs
 - Primary medical providers (PMPs) – November 12
 - Special Needs Children – Coming Soon
- Educational webinars – Live and on-demand on website

Basic concepts

- **Materials Review Process**
 - Based on other states' experience with MCOs
 - Based on Federal regulations, national guidelines, and best practices
 - Ensure consistency and understanding across regions for core items
 - Development of model documents, definitions and language expected

Process Purpose

- Monitor "core documents" (mentioned specifically in contract) for contract compliance
- Monitor general communications, marketing, outreach and education activities of P-RCO/HH programs
- Ensure that P-RCO/HH enrollees and providers are clearly and appropriately informed about programs and services including how to access and use them so improved health outcomes may be achieved.
- Designed to minimize administrative burden on P-RCOs and Medicaid staff

What Must Be Reviewed?

Documents and Communications for Enrollees

- Any document/communication that addresses enrollee freedom of choice, emergency care, and rights & responsibilities
- All Enrollee Materials excluding clinical (e.g. drug-specific) education documents and directions provided directly to an enrollee by a pharmacist, physician or other health professional.
- Websites / social media / emails

Documents and Communications for Providers

- Any communications that contain information related to provider participation, contracting, compensation or anything that may impact or influence a provider's potential or continuing participation or status within a Medicaid-certified RCO organization or its affiliates.

Advertising and Marketing (all forms)

General Guidelines

- Information focus is on "need to know" vs "nice to know"
- Focus is on desired behavior or action
- Clinical information reviewed for accuracy
- Seek to invite interaction with reader/viewer
 - Next step or action is clear
- Content must be easily understood
 - Literacy requirements
 - Readability – not just the grade level of words
 - Style – active voice, conversational
 - Organization – Headers and summaries

General Guidelines

- Information is presented in an objective manner, without negative bias or inference regarding competing organizations
- No materials with commercial support by drug, device or other company
 - Exception for drug/device specific information provided by clinician to patient
- Must not promote specific providers, suppliers or otherwise steer recipients to particular vendors

General Guidelines

- Must be "readily accessible"
 - Language, disability requirements for help in understanding how to use benefits
 - 5% guideline for prevalent language
 - Notice that materials available in alternative formats on request (and how to request)
- Must be culturally sensitive and appropriate for audience
- Field / User testing strongly recommended

General Guidelines

- Basic usability standards on websites
 - Clean, uncluttered design
 - Wording is short, clear and task focused (no fluff)
 - Intuitive navigation – clear paths for user tasks
 - Electronic forms must be able to be saved and printed
 - Must be updated on a regular basis
 - Email/Text communications – need to have opt-in capability when enrolling
 - Usable by most recipients; incorporates features friendly to individuals with disabilities; alternative formats available

Questions?

Robin Rawls, Director, Communications
robin.rawls@medicaid.alabama.gov
 (334) 353-9363

Communications Guidelines and Resources:

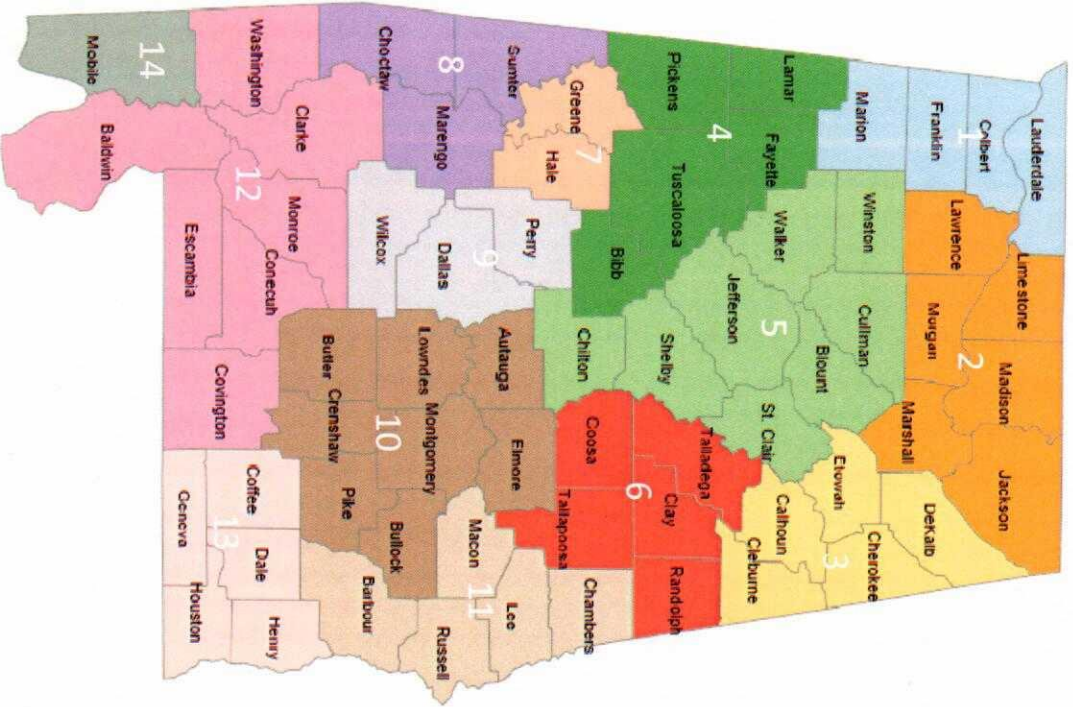
http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3_7_CommunicationResources.aspx



APPENDIX 3

Alabama Medicaid Maternity Care Program Districts

Effective 01/01/2015



District	Primary Contractor	Phone Number(s) For Recipients	Phone Number For Providers	Fax Number(s)	Email Address
District 1	HealthGroup of Alabama	(256) 532-2744 (888) 500-7343	(256) 532-2748 Laura Thompson	(256) 265-7477 (256) 532-2737	laura.thompson@hhsys.org
District 2	HealthGroup of Alabama	(256) 532-2744 (888) 500-7343	(256) 532-2748 Laura Thompson	(256) 532-2735	laura.thompson@hhsys.org
District 3	Quality of Life Health Services, Inc	(256) 492-0131 (888) 490-0131	(256) 492-0131 Amelia Worford	(256) 494-6000	amelia.worford@qolls.com
District 4	Greater Alabama Health Network	(205) 345-1905 (877) 553-4485	(205) 345-5205 Becky Henderson	(205) 345-2909	beckyh@greaterahn.com
District 5	Alabama Maternity, Inc.	(205) 558-7405 (877) 997-8377	(205) 558-7587 Kim Reach	(205) 933-1235	kreach@alabmc.edu
District 6	Gift of Life Foundation, Inc.	(334) 272-1820 (877) 826-2229	(334) 272-1820 Martha Jirnght	(334) 272-4614	Marthajirnght@aol.com
District 7	Greater Alabama Health Network	(205) 345-1905 (877) 553-4485	(205) 345-5205 Becky Henderson	(205) 345-2909	beckyh@greaterahn.com
District 8	Greater Alabama Health Network	(205) 345-1905 (877) 553-4485	(205) 345-5205 Becky Henderson	(205) 345-2909	beckyh@greaterahn.com
District 9	Greater Alabama Health Network	(205) 345-1905 (877) 553-4485	(205) 345-5205 Becky Henderson	(205) 345-2909	beckyh@greaterahn.com
District 10	Gift of Life Foundation, Inc.	(334) 272-1820 (877) 826-2229	(334) 272-1820 Martha Jirnght	(334) 272-4614	Marthajirnght@aol.com
District 11	Maternity Services of District 11, LLC	(334) 528-6830 (877) 503-2259	(334) 528-6833 Donna Taylor	(334) 826-0238	Donna.taylor@samc.org
District 12	Southwest Alabama Maternity Care LLC	(334) 272-1820 (877) 826-2229	(334) 272-1820 Jeanette Gibson	(251) 743-7410	jeanegibson@alnoc.com
District 13	Southeast Alabama Maternity Care, LLC	(334) 699-8111 (800) 735-4998	(334) 699-8111 Gary Bennett	(334) 772-3249	gbennett@samc.org
District 14	University of South Alabama	(251) 415-8685 N/A	(251) 415-6565 Susan Eschele	(251) 415-8689	seschle@health.southalabama.edu

CHANGES IN THE MATERNITY CARE PROGRAM DISTRICT TEN**Changes in District Ten (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery and Pike Counties).**

As of 12:00 midnight on December 31, 2015, Gift of Life Foundation, Inc. (District Ten) will no longer provide maternity care services to pregnant women covered by Medicaid in **Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery and Pike Counties**. The reimbursement for the provision of maternity care services in those counties will be paid fee-for-service effective 12:01 a.m., January 1, 2016, and thereafter. Providers should contact Martha Jinright, Director of Gift of Life Foundation, Inc. at 1-877-826-2229 or (334) 272-1820 regarding claims with dates of service on or before 12:00 midnight December 31, 2015.

CHANGES IN THE MATERNITY CARE PROGRAM IN DISTRICT SIX**Changes in District Six (Talladega, Clay, Randolph, Coosa, and Tallapoosa Counties)**

As of 12:00 midnight on December 31, 2015, Gift of Life Foundation, Inc. (District Six) will no longer provide maternity care services to pregnant women covered by Medicaid and who live in **Talladega, Clay, Randolph, Coosa, and Tallapoosa Counties**. As of 12:01 a.m., on January 1, 2016, Quality of Life Health Services, Inc. will be the provider of maternity care services to pregnant women covered by Medicaid and who live in **Talladega, Clay, Randolph, Coosa, and Tallapoosa Counties**. Providers should contact Amelia Wofford, Program and Development Officer at 1-256-492-0131 or 1-888-490-0131 with any questions about serving as a subcontractor for the Maternity Care Program in those counties.

If you have additional questions concerning these changes, contact Sylisa Lee-Jackson, Associate Director of Maternity, Plan First/Family Planning and Nurse Midwife Programs, Alabama Medicaid Agency at 334-353-4599 or via e-mail at sylisa.lee-jackson@medicaid.alabama.gov. You may also contact the Director of the Managed Care Division at 334-242-5630 or via e-mail at jerri.jackson@medicaid.alabama.gov.