ALABAMA MEDICAID AGENCY

Medical Care Advisory Committee

MINUTES
September 13, 2018

Present

Commissioner Stephanie McGee Azar
Kim Boswell for Lynn Beshear
Conitha King for Nancy Buckner
Lisa Alford for Jane Elizabeth Burdeshaw
Barry Cambron
Jim Carnes
Beverly Churchwell
Todd Cotton
Gretel Felton
Kathy Hall
Michelle Jones for Scott Harris
Nate Horsley
Linda Lee
Sylisa Lee-Jackson
Stephanie Lindsay
Kelli Littlejohn
Robert Moon, MD
Drew Nelson
Flake Oakley
Marsha Raulerson, MD
Amanda Hall for Robin Rawls
Timikel Robinson
Johnathan Sorter, Pharm. D
Jean Stone
Mason Tanaka
Ginger Wettingfeld
Kim Black

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

Dr. Robert Moon - welcomed everyone to the MCAC meeting and opened with introductions. Commissioner Azar was unable to join the meeting due to a last minute scheduling conflict with the Contract Review Committee.

Pharmacy Update:

Dr. Kelli Newman provided a pharmacy update which included a discussion on the upcoming opioid edits. The edits will be implemented in phases, beginning with an opioid naïve edit in early November that will limit new prescriptions for short acting opioids to 5 days for children and 7 days for adults. Subsequently, in late November, the refill tolerance will be increased from 75% to 85% for opioids. Lastly, a cumulative Morphine Milligram Equivalent (MME) edit will be implemented in early 2019 that will decrease the total amount of cumulative opioids a recipient may receive.

Integrated Care Network Update

Kathy Hall updated the committee that effective Oct 1, 2018 the Integrated Care Network (ICN) will go into effect. CMS is in the final approval stages and unless there are any unforeseen obstacles, ICN will be up and running for our long term care population. Ms. Hall shared the various ways that both current clients and future clients are being provided information about the programs offered through ICNs.

Alabama Coordinated Health Networks (ACHNs)

Dr. Robert Moon began by sharing that Medicaid is moving toward the Alabama Coordinated Health Networks (ACHN). Currently, Medicaid is functioning statewide under five regional Health Home Programs with varying population sizes in each region. Under the new ACHN, there will be seven regions, all having approximately the same population size, 100,000 to 125,000. One of the major difference between Health Homes and the new ACHN will be the breakdown of silos. Currently many of Medicaid's programs such as Maternity Care Program, Patient First Program and Plan First Programs are handled by separate case management systems. In the new ACHN, these programs will be combined within each region and handled by a single entity within each region. Dr. Moon also updated the Committee on the current dialogue status with CMS by sharing that we have made great progress. There is one outstanding verbal issue being stated by CMS and that is related to an IT assessment of how Medicaid will implement the ACHN program into our MMIS system and how it will interact with other systems as other entities come onboard with the program. Medicaid is in the process of finalizing our IT planning assessment for submission to CMS by the end of the month. Medicaid has been reaching out to various providers groups and organization through meetings, website and webinars (open meetings) and will continue to do so as Medicaid gets closer to waiver approval by CMS. The RFP will go out once we get a concrete waiver approval and hopefully, with a start date of April 1, 2019. Outreach to patients will ocurr after final CMS approval so as not to confuse anyone should CMS decide to not approve/or make major changes to the ACHN. Dr. Moon also shared that under the new ACHN, Medicaid will be moving away from membership based payments to activity based payments (with primary care physician bonus payments based on quality achievement, cost effectiveness and patient centered medical homes) with three major quality initiatives being focused on: infant mortality/birth outcomes, substance abuse disorders/outcomes and obesity.

Eligibility Update

Gretel Felton – provided an update to the committee members that the distribution of the new Medicare Card Project was still on going.

Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 3:05pm.

Dr. Robert Moon
Chief Medical Officer

Kim Black
Recording Secretary

MEDICAL CARE ADVISORY COMMITTEE MEETING

September 13, 2018

Medicaid Boardroom

2:00 P.M.

A G E N D A

Opening Remarks: *Dr. Robert Moon*

Alabama Coordinated Health Networks (ACHNs) – *Robert Moon, MD*

- CMS dialogue
- Timeline and Outreach
- Entity and Physicians ACHN Initiatives
  - Activity Payments
  - Quality Improvement Programs
  - Quality Metrics
  - Entity Incentive and Physician Bonus Opportunities

Pharmacy Update – *Kelli Newman*

ICN Update – *Kathy Hall*

Open Forum

Closing Remarks

MEDICAID EXPANSION TO ADULTS—WHY WAIT ANY LONGER?

I have lived and worked in rural Alabama as a pediatrician since 1980. I have participated in the expansion of Medicaid for children up to age nineteen. I am very proud to say that because of Medicaid and the Children's health Insurance Program (CHIP), now only two per cent of Alabama's children are uninsured. Preventive care has increased with excellent immunization rates, access to dental care and a substantial drop in teen pregnancies as well as many other healthy changes for our children. I have personally witnessed the vast improvements in the care of maternity patients.

Unfortunately, adults 19 and older who are too old for Medicaid and too young for Medicare have a difficult time acquiring and keeping insurance in Alabama.

Who suffers? (1) Women in child bearing years who have chronic illnesses and no care until they are several weeks pregnant. (2) Rural hospitals providing uncompensated care for an ageing and less healthy population. (3) Our entire mental health system plagued with high turnover rates and limited staff due to inadequate funding. (4) Our entire population in rural areas and (5) ultimately all of Alabama.

I have worked in the same community for all of my career and havewatched my patients turn nineteen and struggle to afford health care-- especially medications. In fact, the largest number of uninsured are young adults including women during the child-bearing years. There are several consequences of these patients losing Medicaid.

Those with chronic illnesses try very hard to be classified as disabled, primarily so they can still qualify for health insurance. Patients with sickle cell disease, asthma, congenital heart disease, chronic depression or anxiety disorders, hypertension, epilepsy, or diabetes often lose their desire to become productive adults once they are classified as "disabled."

Women who have no health insurance go untreated for these chronic diseases until they are pregnant. Their pregnancy starts as high risk. Usually it's the second trimester of pregnancy when 50 percent of women once again qualify for Medicaid. Six weeks after the delivery of their child, theyare once again without care. We now have the highest infant mortality in the nation-- probably because we do not care for our young women appropriately.

Rural hospitals have been especially hard hit. They are trying to careboth for patients without insuranceand a prematurely aging population. My own local hospital is now operating in the red, like so many other rural hospitals. We have a very busy emergency room and are on the front line for stabilizing very sick patients and accident victims. We also have an on-going increase of mentally ill patients withnowhere to send them quickly other than the local jail.

Mental health services are sorely limited in Alabama. Most mentally illpatients are too old for Medicaid and too young for Medicare. Medicaid expansion to adults under one hundred-thirty-eightpercent of the poverty level may well be the shot-in-the arm to save our mentalhealth programs and our rural hospitals.

When I read the obituaries in our local paper, I am shocked to see that most are about people much younger than I. Rural citizens unfortunately have a shorter life-span because of ongoing and untreated chronic health problems. Diabetes, hypertension, mental illnesses, can be treated (or sometimes even prevented) with adequate access to care.

In summary: Provide health care for women before they become pregnant. Support our floundering mental health services. Preventincarcerations and overdose fatalities. Don't let another rural hospital close.

Expand Medicaid to adults—it's the right thing to do and the smart thing to do.

Marsha D. Raulerson MD MEd FAAP

1205 Belleville Avenue

Brewton, Alabama 36426

mraulerson@aap.net

MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Commissioner's Board Room

September 13, 2018

MEMBER	REPRESENTATIVE (If Member Is Absent)	EMAIL ADDRESS
Stephanie Azar, Commissioner	[illegible]	
Jeff Arrington		
Lynn Beshear	Kim Boswell	lynn.beshear@mh.alabama.gov
Kim Black	[illegible]	
William R. Blythe, MD		
Stephanie R. Bryan		
Nancy Buckner	Conitha King for N.B.	conitha.king@dhr.alabama.gov
Jane Elizabeth Burdeshaw	[illegible]	lisa.alford@rehab.alabama.gov
Barry Cambron	[illegible]	
Jim Carnes	Jim Carnes	jim@alarise.org
Beverly Churchwell	B Churchwell	
Anne-Laura Cook, MD		
Todd Cotton	Todd Cotton	Todd.Cotton@ADSS.alabama.gov
LaTonda Cunningham		
Cynthia Dobyne		
Gretel Felton	GF	
Mary Finch		

MEMBER	REPRESENTATIVE (If Member Is Absent)	EMAIL ADDRESS
Nina Ford, MD		
Kathy Hall	[signature]	
Scott Harris	Michelle Jones for Harris	
Nate Horsley	[signature]	nhorsley@uabmc.edu
Danne Howard		
Beth Huckabee		
Jerri Jackson		
Mark Jackson		
Louise Jones		
Bob Kurtts		
Linda Lackey		
Linda Lee	via conf phone	
Sylisa Lee-Jackson	Sylisa Lee-Jackson	Medicaid
Stephanie Lindsay	[signature]	
Kelli Littlejohn	Kelly Littlejohn	
Roosevelt McCorvey, MD		
Chris McInnish		
Paul McWhorter		
Katrina Magdon		
Carolyn Miller		

MEMBER	REPRESENTATIVE (If Member Is Absent)	EMAIL ADDRESS
Robert Moon, MD	R Moon MD	
Drew Nelson	[signature]	
Flake Oakley	[signature]	
Sharon Parker		
Ozenia Patterson		
Marsha Raulerson, MD	[signature]	
Robin Rawls	Amanda Hall	amanda.hall@medicaid.alabama.gov
Timikel Robinson		
Annie Smith		
Faye Smith		
Johnathan Sorter, Pharm.D.	via conf phone	
Jean Stone	Jean Stone	jean.stone@adss.alabama.gov
Mason Tanaka	MT	
Hope Upshaw		
Veronica Wagner		
Ginger Wettingfeld	GW	
John Ziegler		
[illegible]		
Alexanderia Hardy	Robin Rawls	alexanderia.hardy@medicaid.al.gov
[signature]		—