ALABAMA MEDICAID AGENCY
Medical Care Advisory Committee

MINUTES

Wednesday, August 24, 2016

Present
Commissioner Stephanie McGee Azar
Lisa B. Alford for Cary Boswell
Conitha King for Nancy Buckner
Jim Carnes
Casey Wylie for Mary Finch
Nina Ford, MD
Kathy Hall
Linda Lee
Stephanie Lindsay
Flake Oakley
Marsha Raulerson, MD
Marty Redden
Henry Davis
Gretel Felton
Beverly Churchwell
Beth Huckabee
Drew Nelson
Jerri Jackson
Carolyn Miller
Faye Smith
Sylisa Lee Jackson
Barry Cambron
Chris McInnish
Ginger Wettingsfeld
Kelli Littlejohn Newman
Theresa Richburg
Ozenia Patterson
Robert Moon, MD
Karen Harlow

Present Via Phone
Louise Jones
Mark Jackson
Call to Order/ Opening Remarks at 2:04 pm:
Commissioner Stephanie McGee Azar
Discussed that the Special Session is primarily to establish a lottery for the people to vote on and funding for Medicaid. There is now a setback for the lottery. We will be sitting and waiting to see what happens at the close of the Session but are remaining optimistic. Medicaid does not wish to make any cuts. The Agency is currently in a hold and wait pattern and hoping for the best.

Legislative Update:
Henry Davis
The Senate was in the posture of taking up HB 36 by Rep. Steve Clouse, which is the BP Oil Spill Bill. While the House was deliberating on the SB 3, which is the Lottery Bill, sponsored by Senator McClendon. Mr. Davis indicated that in the Legislature right now the situation was very fluid and both the House and Senate were discussing both bills at length. Mr. Davis was asked by Dr. Ford where would SB3, the Lottery Bill, go if changes were made to it. Mr. Davis responded it would have to go back to the Senate to concur or non-concur.

Budget Overview:
Flake Oakley
Reviewed the current status of the Agency’s 2017 budget updated for events during the special session. The Agency had requested $842 million which included the first year implementation costs for RCOs. The Governor requested $785 million and Medicaid expects that we can use funds generated by the waiver to bridge most of this gap and continue the RCO implementation. The elimination of the supplemental pharmacy tax and legislation in the special session to refund the supplemental tax already collected has increased the amount needed from $785 million to $796 million. This need takes into consideration cuts effective August 1, 2016 to reduce reimbursement rates for primary care physicians down to pre-bump rates.

Eligibility Update:
Gretel Felton
Gretel Felton reminded the group of the various changes that had taken place since the Affordable Care Act implementation 1/1/2014. Medicaid and ALL Kids work within the same system called CARES, and workers from both programs can complete any applications for Medicaid or ALL Kids. Most applications are completed within a few days, and many are completed real-time using the on-line
portal. Applications that are ineligible for Medicaid or ALL Kids are automatically sent to the FFM (Healthcare.gov) for processing.

There is one new eligibility group called former foster care for individuals under age 26 who aged out of foster care in Alabama. This is an ACA coverage similar to coverage provided to dependents under 26 who are allowed to remain on their parent’s insurance up to age 26. Alabama Medicaid had 866 individuals covered in that program as of June 2016. This is a big help to those young people who may not have a family support system once they are released from foster care.

Ms. Felton informed the group about a new Medicare project called SSNRI (Social Security Number Removal Initiative). All Medicare Beneficiaries will be receiving new Medicare numbers and cards starting in 2018. The change is being made to remove the social security number from the Medicare number and give beneficiaries a new unique Medicare number. Providers and other stakeholders will be informed as the agency knows more about the impact.

**RCO Update:**

Dr. Robert Moon

Although funding streams for the Agency are still being worked out, there continues to be progress being made on RCO related activities. Currently, there are 11 Probationary RCOs. Six of them are providing Health Home Case Management Services so that Health Home Services are available in every county of the state. Another round of readiness reviews is being planned and will coincide with a yet to be determined, new RCO implementation date. Our maternity program contracts are being extended to accommodate the RCO implementation delay. Other activities include ongoing discussions and updates with provider groups, other state agencies, and CMS. While a satisfactory resolution of Medicaid’s funding is still pending, the Agency is continuing to make progress on RCO development.

Jerri Jackson

Although the RCO implementation date has been delayed; Managed Care has continued to move forward with projects related to the RCO. One of these projects is the readiness assessment desk reviews of items that can be corrected without too much additional staff on Medicaid and the Probationary RCOs time. Managed Care will be working with the PRCOs during this delay.
Carolyn Miller
The Health Homes became statewide in April 1, 2015. The current contract ends on September 30, 2016. However, the Agency is currently working on an extension of that contract with each of the six Health Homes to run through September 30, 2017.

Sylisa Lee-Jackson
In light of the RCO delay, Medicaid is moving forward with the maternity program in its current state. The 2016 contract is being amended to reflect changes in the RFP language. Contracts will be renewed for calendar year 2017.

Drew Nelson
RCO – One analysis has been completed of the Probationary RCO’s Service Delivery Networks, but have suspended future analyses due to the RCO delay.
Integrated Provider System (IPS) – Continued outreach and education to the RCOs and providers. All of the trainings have been recorded and can be found on the website. Initially received over 650 Letters of Intent (LOI). Encouraged providers to reach out to the RCOs during the delay to strengthen their application and determine which RCO in the region they will be submitting their application to. Providers are allowed to only submit their application to one RCO per region that they have contracted with.
Integrated Care Network (ICN) – Begun to develop the services and eligibility groups that will be part of the ICN. Once this is completed, will begin to analyze and develop service network requirements. The Commissioner will begin appointments to the ICN Quality Assurance Committee (QAC) within the next few weeks so that it can begin to meet. It is the goal of the Agency to have selected the ICN Quality Measures by early 2017.

Integrated Care Networks:
Kathy Hall and Ginger Wettingfeld
The first round of public meetings have been completed. Getting ready to start the second round. Current information can be found on “Watch the ICN” webpage. Everyone is encourage to provide feedback on LTC to use the survey link on the webpage.
Access to Care Monitoring Plan:
Chris McInnish

CMS is requiring states to submit a plan to document access to providers. Medicaid has published for comment a draft plan on its website. This report includes analysis of provider to member ratios, the geographic distribution of providers relative to members, and results from member surveys on perception of care.

Pharmacy Update:
Ms. Kelli Littlejohn Newman discussed the law which was passed during the recent special session that requires a refund to pharmacies of the supplemental pharmacy tax which was collected starting in September 2015. This change will create an additional $11 million shortfall in the Medicaid FY17 budget. Additionally, the request to increase the pharmacy dispensing fee was denied by CMS; therefore, adjustments will be made to Medicaid pharmacy claims during late 2015/early 2016 to correct the dispensing fees amounts.

Adjournment
There being no further business to come before the Committee, the meeting was adjourned at 3:44 pm.

Commissioner Stephanie McGee Azar

Karen M. Harlow
Recording Secretary