***IDAHO TRIBES/STATE OF IDAHO QUARTERLY MEETING***

**Idaho Dept. of Health and Welfare Offices**

**3232 Elder Street, Boise ID 83705**

**CO Elder Medicaid Conf Rm D East**

***February 22, 2018***

**Attendees**: George Gutierrez (DHW), Joyce Broadsword (DHW), Trish Reynolds (DHW), Camille Schiller (DHW), Jamielou Delavan (DHW), Eva Davison, Eva Hayes, Donna Honena, Ericka Rupp (DHW), Kristin Matthews (DHW), Paul Bergland, Joe Finkbonner, Angie Sanchez, Charlene Way, Sarah Sullivan, Tyrell Stevenson, Elizabeth-Ann Jim, Chrystal Campbell, Taitum DeGarmo, Matt Wimmer (DHW), Curtis Loveless (DHW), Gina Smith, Robin Butrick (DHW), Dori Boyle (DHW), Cindy Brock (DHW), Sara Stith (DHW), Alicia Helion

**On Call:** Norma Wadsworth, Sharon Randle, Rebecca Crocker, Atrette Simpson

**Welcome and Introductions – George Gutierrez, Deputy Administrator, Division of Medicaid**

George welcomed all in attendance

**Medicaid Updates – George Gutierrez, Division of Medicaid – handout**

**Rules (All have passed through the Legislature and been approved)**

* School Based Services – allow additional time for schools to obtain signatures from physicians to approve service plans allowing 30 days for approval or signing of plan
* Mental Health Parity – Changed rules related to benefit services in the mental health side vs the medical surgical side – so that they have the same requirements and processes, such as prior authorizations
* Infant Toddler Program – Proposed a new model to provide early intervention services to 0-3-year olds – changed the billing process and provide access for federal matching
* KW Lawsuit – changed the assessment tool that is used to determine eligibility, removed specific references to SIB-R in rule, and added language “Department approved tool.”
* Behavioral Care Units (BCU) – changed the reimbursement methodology for BCU’s to allow them to shorten the self-funded portion to deliver those services – reducing time from 12 months to 60 days
* KW Lawsuit – removed restriction on the exception review related to the budget for self-directed services – will allow all participants to take advantage of that exception review
* YES Services – changed the enhanced benefit plan to give Medicaid the authority to deliver new services under the settlement agreement and to initiate the independent assessor process
* Rules governing contested case proceedings – change to allow for more options and consistency on how the hearings are handled across the state and have more clarity in the process, and to comply with new managed care rules
* YES Services –to implement a cost sharing mechanism for individuals from 185%-300% of the federal poverty level, cost sharing will be 5% of gross family income

**Upcoming Rules for 2019 Legislative session**

* Relating to ResHab rate methodology, KW and YES services, Developmental Disabilities services for children and adults
* **Provider Revalidation** – **Curtis Loveless, Division of Medicaid**
  + Plan to update provider application tool, will be online and have all fields necessary for revalidation by end of year, will work toward timeline (90-day notifications)

**Questions regarding rules in place**

* Elizabeth Ann Jim asked about infant and toddler program billing codes. George stated they will be offering the same services, but will be billed to Medicaid so the state can receive additional federal matching funds and to improve access issues for children seeking services.

**Statutes**

* Nursing Facility Statute change – HB336
  + Changing reimbursement methodology to allow for quality measures to be implemented, with reimbursement based on quality performance
  + Does not affect Tribes as they do not have nursing facilities, but members may want to be aware of quality ratings
  + No requirement for medical person to be onsite at nursing facilities, problematic for participants to travel to doctor appointments
  + Some facilities have vans to provide transportation and NEMT services through Medicaid is also an option
  + George to follow-up with Ali Fernandez to talk about at next meeting for possibilities to set up system for providers to make “home visits” to nursing facilities
  + Draft of statute is available online at the legislative webpage
* Medicaid Dental Bill – HB465
  + Adult Basic Dental coverage to be added back in to Medicaid coverage allowing for dentures and crowns, will affect a total of 29,000 Medicaid participants, tribal participants will have access to better dental care
  + Funding still not determined
* 1115 Family Planning Services Waiver –legislation proposed to cover participants after delivery of baby
* Competing Health Care Plan – HB615
  + Non-Medicaid sponsored, implement 5-year caps, work requirements, and other restrictions

**Tribal Notices**

* Tribal FQHC – Outside the Four Walls issue – Posted Oct 27, 2017
  + Would allow tribal facilities to change their designation to FQHC
* Reimbursement rate methodology change in Idaho’s Adult Developmental Disabilities HCBS (Adult DD Waiver) and in Idaho’s Aged and Disabled HCBS (A&D Waiver) – Posted Nov 28, 2017
  + Set certain residential habilitation service payment rates
* Intent to submit a SPA to calculate Medicare Federal Upper Payment Limit (FUPL) for Durable Medical Equipment (DME) – Posted Dec 22, 2017
  + Allows for Medicaid reimbursement to match or be higher than Medicare reimbursement in the aggregate
* To submit two SPA’s to streamline the process by which children may receive early intervention services to 0-3-year olds in the Infant Toddler Program (ITP) – Posted Jan 29, 2018
  + Changed the billing process and provide access for federal matching

**SPA’s**

**Approvals from CMS**

* Enhanced Benchmark Plan (ABP) Review
  + Ensure that Medicaid’s Enhanced Plan is comparable to private sector (Blue Cross)
* Pharmacy II
  + Clarifying language around the use of pricing methodologies to determine reimbursement for clotting factor drugs and physician administered drugs
  + Clarify language so drugs are not reimbursed twice, by 340B from the pharmaceutical companies, and by Medicaid
  + Tribal notice posted July 21, 2017 and submitted to CMS August 24, 2017
* Alternate Payment for FQHC’s for Graduate Medical Education (GME)
  + Related to the primary care resident physicians at FQHC’s
  + Alternate payments are limited to FQHC’s who are part of the GME program – provides moneys to help fund the resident in the facility
  + Tribal notice posted on April 28, 2017 and SPA submitted to CMS September 29, 2017

**Currently Working On**

* 1915(i) YES services in process
  + Services put in place in response to the Jeff D lawsuit
  + 1915(i) will provide Medicaid the authority to offer new benefits that are part of the service array we will be implementing in the coming years
    - Respite care is the first service we are offering
  + Tribal notice posted August 15, 2017 and Submitted to CMS October 5, 2017
* HCBS Adult DD 1915(i) Renewal State plan option
  + 5-year renewal
  + Tribal notice was posted in September 27, 2017
* Outside the Four-Walls FQHC Issue
  + Provide the authority for Medicaid to switch tribal facilities who want to switch to an FQHC
  + Tribal notice posted on September 27, 2017
* **Cost of Living (COLA) – Camille Schiller, Program Manager, Health Coverage Assistance**
  + Standard update for assisted living and Medicaid limits to align with cost of living changes

**SPA’s COMING SOON**

* ITP EPSDT SPA
  + Change the requirements between Medicaid and Family and Children’s services to address an access issue for service for children between 0-3 years old
  + Better support the services delivered in the home for these children
* RCO (Regional Care Organizations) SPA
  + Provide the structure to implement shared savings
  + Begin establishing Regional Care Organizations around the state to look at overall care for participants
* Primary Care Medical Home (PCMH)
  + Part of value-based purchasing initiative
* SPA for CHIP
  + Made some changes utilizing new template provided by CMS

**Waivers**

* 1915(c) A&D Wavier Amendment
  + Being changed to reflect an update reimbursement methodology for some services
    - Attendant Care, Homemaker, Companion Service, Respite and Chore Services
  + A result of a cost survey of Personal Assistance Agencies that provide Respite and Chore Servcies in 2016, modify the reimbursement methodology – to begin January 1, 2018
  + Tribal notice posted November 2, 2017 – comment period ends COB December 8, 2017
* 1115 Demonstration Complex Medical Needs (CMN) Waiver
* 1915(c) HCBS Adult DD Wavier Amendment for ResHab rate methodology
* 1915(c) HCBS A&D Wavier Amendment for ResHab rate methodology

**Waivers COMING SOON**

* MMCP Waiver amendment to A&D and New 1915(b)

**Tribal Managed Care – George Gutierrez, Division of Medicaid**

* Tribal managed care concept paper that was sent out September 29, 2017
  + Gives options and descriptions of how Tribal managed care might work here in Idaho
  + The actual design is up to the Tribes, have been in contact with Helo regarding this issue
  + North Carolina is doing something similar
  + Timelines are up to the tribes unless instigated by federal government

**Outside the Four-Walls FQHC system update – Curtis Loveless, Division of Medicaid**

* Provide the authority for Medicaid to switch tribal facilities who want to switch to an FQHC
* Questions were submitted and responded to, awaiting CMS guidance
* Analysis of what changes would be needed and timelines, met with Molina
* Developed a manual process with Molina for a provider status to change to a FQHC set-up
* Design will process claims to follow correct rules and access federal matching funds
* All tribal clinics are able to participate and treated as a FQHC for billing regardless of Medicaid status

**Updating the Encounter Rate – Curtis Loveless, Division of Medicaid - handout**

* New encounter rates were effective in October 2017, we will go back and reprocess any claims back to effective date

**CHIP Update – Cindy Brock, Division of Medicaid**

* Received federal funding through Healthy Kids Act, will extend by a total of 10 years
* Tribes have 100 percent federal matching funds, but general CHIP funding will move from 100 percent funding to shared state funding after 2 years

**Complex Medical Needs (CMN) 1115 Waiver – Matt Wimmer, Division of Medicaid – slides and handout**

* Matt thanked people for coming to testify in support at legislature
* The statute change is a companion to the two waivers we have recently posted
  + The Department of Insurance and the Division of Medicaid have taken a very innovative look at how do we provide stabilization for our qualified health plans through the exchange because the rate of increase for the premium continues to go up every year
  + How do we provide some coverage, to the people in Idaho, who are working poor under 100% of the federal poverty guidelines?
  + The companion waivers are:
    - On the Medicaid side is called the 1115 Demonstration Waiver
      * Defines new population group targeted through Medicaid – individuals, under 400% of the federal poverty guideline, with a complex or serious medical need
    - 1332 Waiver on the Department of Insurance side
      * Idaho Medicaid will take the very sick complex people, who cost the insurance companies a lot of money, onto Medicaid
      * By moving them onto Medicaid it allows them to expand coverage, under ACA provisions, to US citizens who have earned income under 138% of the federal poverty guidelines
      * Allows US citizens to enroll on the exchange for insurance, a qualified health plan, if they have income
  + <http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/1115%20Waiver/IdahoHealthCarePlanSummary.pdf>
* Handout provided relating to special terms and conditions for tribes
* There may be a “community engagement” component for a very small number of participants
  + HB615 is also under consideration and is a competing bill that would be much more far-reaching, and is not supported by Medicaid administrators, and probably won’t pass committee

**I/T/U Pharmacy Encounter Rates – Tiffany Kinzler, Division of Medicaid – handout**

* OMB reimbursement rate for tribal pharmacy, cannot have 340B rebates and Medicaid at the same time, will follow up at next quarterly tribal meeting

**Optometry Issue – Dori Boyle, Division of Medicaid**

* Classic Optical is sole source contractor for hardware, contract will be up for renewal at end of June
* Tribal clinic optometrist would submit request for purchase to Classic Optical to obtain hardware
* Dori will provide direct contact information for Classic Optical
* Kit selection is very limited for hardware options

**Article in newspaper regarding incontinence briefs – Matt Wimmer, Division of Medicaid**

* Briefs were not intended to be covered because they are considered a convenience item
* DD participants are covered under waiver
* Non-DD participants will no longer be able to get reimbursed for briefs due to billing coding updates

**NPAIHB Policy Updates – Sarah Sullivan – Slides**

* There is no IHS director candidate, acting director will continue his roll
* IHS budget status and information
  + FY 2018 ISH Budget, FY 2019/2020 HIS Budgets, and President’s FY 2019 Budget Proposal
* Current and pending policy issues
  + CMS New Guidance on Community Engagement
  + CMS 4 Walls Limitation
  + CMS Medicare Diabetes Prevention Program (MDPP) Final Rule
  + MCS New Medicare Card Project
  + IHS Contract Support Cost Policy Update
  + IHS Health Information Technology
  + IHS Strategic Plan 2018-2022
  + IHS Indian Health Care Improvement Fund (IHCIF)
  + IHS CHEF
  + IHS Community Health Aide Program (CHAP)
  + SAMHSA Confidentiality of Substance Use Disorder Patient Records
* Legislation in 115th Congress
  + Bipartisan Budget Act of 2018
  + Healthcare Legislative Bills in 115th Congress
  + Indian Legislative Bills in 115th Congress
  + VA Health Legislation
* National and regional meetings
  + HHS Secretary’s Tribal Advisory Committee (STAC)
  + Medicare, Medicaid and Health Reform Policy Committee (MMPC)
  + CMS TTAG Update and Issues

**Division of Public Health Updates – JamieLou Delavan - Handout**

* Food Protection
* Public Health Business Office Data and Quality Improvement
* Other Opportunities for March of Dimes Health Summit and AARP Community Challenge Grant Funds

**Updates on the Medicare Medicaid Coordinated Plan (MMCP) – Alexandra Fernández, Division of Medicaid**

* Over 3,000 enrollments statewide, program is completely voluntary
* Still in development for mandatory program, which would not pertain to tribes, outreach to happen starting in May
* Skilled nursing facilities are matched by federal dollars by using quality measures
  + Statute will affect all skilled nursing facilities statewide
  + Ten base measurements to be finalized and added to Medicaid website
  + Time to be shortened for facility to be eligible to gain behavioral health care status

**Behavioral Health, Optum Update – David Welsh, Division of Medicaid**

* Assessment codes create ability during a medical visit to have intervention for referral to behavioral health professionals
* Youth Empowerment Services (YES) can now offer respite care services beginning on July 1, 2018
* Working with Optum Idaho for skill-building development service for kids
* CANS functional screening tool, Optum will be reimbursing providers beginning on July 1, 2018
* Idaho Mental Health Awareness month is coming in May

**GAIN Assessment Update – Crystal Campbell, Division of Medicaid - handout**

* Three assessment tools are being considered and reviewed by stakeholders, including tribes
* Several people asked to be added to workgroup and meet day before next tribal meeting
* Discussions happened regarding information presented on the handout

**Medicaid Managed Care Update / NEMT MTM – Sara Stith – Medicaid**

* Transportation conversion is going well, member and facility portals for booking (MTM-INC.net/Idaho)
* So far there are 60 covered providers enrolled state wide
* Dental – MCNA trying to increase number of dental providers for member access to dental services

**Idaho Perinatal Project Conference – Alicia Helion, March of Dimes**

* Plan to have a tri-state conference in October

**Next meetings 2018:**

* May 23 – Plummer, other 2018 meetings TBD

**Topics for next meeting:**

* Policy Changes, Rules, and Tribal Letters
* Pharmacy Issue
* Optum Skills Building Presentation
* Value-based purchasing info, strategy session
* Substance abuse disorders, overview of services available to tribes – BPA and Optum
* MMCP Statutes Nursing facilities
* Self-Reliance Eligibility update by Camille Schiller