

Medical Care Advisory Committee (MCAC)

MEETING MINUTES

March 28, 2019

Present: Maria Matzik – Access Center for Independent Living, Inc.
 Craig Carins- Licking Memorial Health System
 Jeff Harwood- Fisher Titus Medical Care LLC
 Greg Hall- President, Gregory L. Hall, MD, Inc.
 Holly Sealens- Molina Healthcare
 Nick Lashutka – Ohio Children’s Hospital Association
 Maureen Corcoran – Director of Ohio Department of Medicaid
 Patrick Beatty – Deputy Director – Chief Policy Officer

<p>OHIO Medicaid: Who we serve</p> <p>Director Corcoran</p>	<p>We serve 3 million Ohioans. Over 135,000 Providers. Approximately half of Half of All births in Ohio are paid by Medicaid. 36 thousand children in foster care who are served by Medicaid.</p>
<p>New Additions to the team</p> <p>Director Corcoran</p>	<p>Allison Conklin Chief Legislative Liaison, Patrick Beatty, Deputy Director of Policy Steve Voigt Chief Legal Marisa Weisel Deputy Director of Strategic Initiatives - Specifically regarding the Governors Priorities with Children's issues.</p>
<p>Additional Senior Staff Updates</p> <p>Director Corcoran</p>	<p>Martha Arter Deputy Director of IT Melissa Ayers Deputy Director of Communications Michelle Horn Chief of Fiscal Earnika Pitts Chief of Staff Roxanne Richardson Acting Deputy Director of Managed Care Roger Fouts Deputy Director of Operations Jim Tassie Senior Policy Advisor - will also be assisting with strategic initiatives.</p>

<p>Governor DeWine’s Administration Policy initiatives investing in Kids:</p> <p>Director Corcoran</p>	<p>Healthy Moms and babies – Home visits - checking in on moms’ weeks, months, years after birth. – maternal health and infant health aligned but separate from the home visit through ODH.</p> <p>Behavioral Health in Schools – Providing services for youths in school who have behavioral health needs</p> <p>Child Protection Transformation – Foster care reform – Medicaid more involved in child protection.</p> <p>Wellness for kids in Comprehensive Primary Care (CPC) – developing based on feedback from pediatricians will be more tailored to kids.</p> <p>Lead Testing and Hazard Control - Kids at 12 months and 24 months are required to be tested for lead. Working with ODH to do lead abatement work. As part of CPC for kids considering reporting around lead testing rates.</p>
<p>DeWine Administration Policy Initiatives: Investing in Recovery:</p> <p>Director Corcoran</p>	<p>Collaborating with Recover Ohio initiative to strengthen access to care.</p> <p>1115 waiver for substance use disorder services waiver – reevaluating it to make sure it is adequate.</p> <p>Pregnant women with substance use issues – serving baby and mom together.</p> <p>Behavioral Health Care Coordination – pausing to reevaluate to make sure we are targeting the right individuals.</p>
<p>DeWine Administration Policy Initiatives: Sustainability, Quality, and Access:</p> <p>Director Corcoran</p>	<p>Procurement of new Managed Care – Will want the committee’s input on procurement. Jim Tassie and Patrick Beatty will be guiding the work.</p> <p>Medicaid Expansion work and community engagement requirements – 1115 Demo Waiver – Received approval from CMS to move forward with waiver. Waiver is not to save money but to improve the ability of people on Medicaid to find meaningful employment.</p>

	<p>Modernizing Medicaid Pharmacy Program and implementation of unified preferred drug list- Working on greater visibility Medicaid funds for drugs passed through pharmacy. Single preferred drug list will be provided to all MCPs to streamline for consumers, practitioners and prescribers.</p> <p>Program performance, accountability and sustainability – Increasing the Managed Care Withhold Updating Medicaid's Forecast Eliminating rate increase for nursing facilities Updating member-month reconciliation process. Enhancing Program Integrity Enhancements to Clinical Programs and interventions</p>
<p>Behavioral Health Update Director Corcoran</p>	<p>Accounts receivable/advanced payments – working with plans to clean up and reconcile payments.</p> <p>Outreach to distressed providers – reaching out to providers who are experiencing problems submitting claims.</p> <p>Consideration of policy requests</p>
<p>Comments or Questions from Committee</p>	<p>Hall – Likes preferred drug list. How will committee look at drugs for Hepatitis C. Has not been covered in the past.</p> <p>Saelens – Move to unified drug list is important. How will this be communicated to provider community.</p> <p>Hall – Disproportionate amount of baby boomers. How will we keep balance of growing population?</p> <p>Director – Continuing to work on home community-based waiver. Have made self-directed services a bigger priority.</p> <p>Harwood – How will we get info out on Unified Pharmacy Drug List. State tried taking back</p>

pharm list several years back. What would be different that the state feels it could do better?

Director- Not suggesting Pharmacy Carve out. Not taking administrative responsibility from Managed Care Plans. Just creating consistent list from plant to plan.

Matzik – Medicaid, Manage Care good for young children, families and elderly, but is lacking after the age of 18. Specifically care Management, 6 months wait for response or care causes decline in health.

Saelens – looking at direct services work force, making sure that services needed are provided.

Director – This is an issue across all service departments. Self-Directed care is a good part of the solution. DD waivers are looking for direct support increases. This is an issue where there is a myriad of strategies since it is such a significant problem.

Matzik – There is an issue with healthcare for people with disabilities who are not young. Wait for care and equipment and justification year after year. Leads to a decline in health.

Director – in discussions about how Medicaid can get more input from community as we think about managed care procurement.

Hall – JFS had past issues tracking who had jobs. How does Medicaid feel that they can track this information? Providers may not find out a recipient is covered until long after services were provided.

Director – Will be using data analytics to exclude people, will not be looking at every person to prove they are working. Already know 40% of people are already working. Counties will have some role in reaching out to individuals. People will be notified and have a period of time once that happens. About a year.

Harwood – CPC program. What are some of the positives seen coming out of that vs. the downsides?

	<p>Maria Weisel - – When we interviewed larger practices large amounts of CPC - reduction in payment for larger practices/reduction in costs. Smaller practices are more challenging. It depends on what kind of practice you have.</p>
<p>MCAC Action Items</p>	<p>Filing vacancies – open to suggestions from the committee.</p> <p>Frequency of meetings – move to bi-monthly.</p> <p>Meetings and remote attendance: Meetings are recorded. Meeting minutes are taken.</p> <p>Other procedure/operations issues or recommendations –</p> <p>Subcommittee working groups to get together between meetings – work committees.</p> <p>Input on various initiatives. Role of committee is not just to hear ODM give an update but to get the input on the direction ODM is taking.</p> <p>Regular and significant input and advice and consultation from committee members on policy initiatives or operations.</p> <p>Committee membership composition – reaching out to agencies to make sure all 3 categories of membership are represented.</p>
<p>Committee comments or recommendations</p>	<p>Lashutka – Don't like meeting for meetings sake. If there are to-dos committee is at ODMs service. Committee is available for feedback. As far as membership there are probably a lot of people on the forefront of the kid's portfolio and we should think about who from those strategic pieces should be included.</p> <p>Matzik – Committee needs more diversity. Should include DME population representation. It is frustrating to travel for short meetings. Remote attendance is terrible. The phonelines are frustrating. Meetings eat up the day so quarterly is nice.</p> <p>Beatty - thinking of sending follow up meeting date with request for volunteers for subcommittees or working groups. Suggest every other month with subcommittee monthly.</p>

	<p>Lakustha - more frequent meeting schedule maybe during budget time. Lots of folks travel. Used technology,</p> <p>Holly - having a good scope for comment. Understanding what the scope is. Some groups will be operational.</p> <p>Director - Are there any other issues or concerns that this group has?</p> <p>Harwood - Unified Credentialing</p> <p>Beatty - have been in conversations with operations on this. We've been in significant conversation with another state that did this very recently.</p> <p>Harwood - Did it work out?</p> <p>Beatty - yes. It did. They did CC it worked.</p> <p>Harwood. - lots of variability. Expensive to bring a physician in.</p> <p>Hall - encourage small physicians - getting consumed by University Hospital. Negotiate good deals. Smaller practices are easier for some patients to access. Preserve small physicians in rural and urban areas. They are disproportionately penalized.</p> <p>Beatty - that sounds like a good subject for the committee to make recommendations on.</p>
Questions from the public	None offered.