MEDICAID OVERSIGHT AND ADVISORY COMMITTEE

Minutes

October 7, 2019

Call to Order and Roll Call

The 5th meeting of the Medicaid Oversight and Advisory Committee was held on Monday, October 7, 2019, at 10:00 AM, in Room 171 of the Capitol Annex. Representative Daniel Elliott, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Stephen Meredith, Co-Chair; Representative Daniel Elliott, Co-Chair; Senators Ralph Alvarado, Danny Carroll, and Jimmy Higdon; Representatives Jim Gooch Jr., Melinda Gibbons Prunty, and Steve Sheldon.

Guests: Dr. Julia F. Costich, JD, PhD, Professor of Health Management and Policy, University of Kentucky College of Public Health; Dick Barlett, Trauma and Emergency Preparedness Coordinator, Kentucky Hospital Association; Carol Steckel, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services; Dr. Judy Theriot, Medical Director, Department for Medicaid Services, Cabinet for Health and Family Services; Emily Ferrell, Epidemiologist, Department of Public Health, Cabinet for Health and Family Services.

LRC Staff: DeeAnn Wenk, Lead Staff, Chris Joffrion, Hillary McGoodwin, Dana Simmons.

Approval of Minutes

A motion to approve the September 9, 2019 meeting minutes was made by Senator Alvarado and seconded by Representative Sheldon, and approved by a voice vote.

Kentucky Trauma Care Systems

Dick Barlett, Trauma and Emergency Preparedness Coordinator, Kentucky Hospital Association stated the movement to create a statewide trauma care system was originally led by Dr. Paul Kearney, trauma surgeon at the University of Kentucky and Dr. Mary Fallat, a pediatric trauma surgeon at Kosair Children's Hospital in 2007. The goal was to create a voluntary governing body that oversaw trauma certifications throughout the state to increase the trauma care capacity in rural regions throughout the state. In 2008, KRS 211.499- 211.486 was enacted to create the Kentucky Trauma Advisory Committee which developed criteria for in-state verification of Level II-IV trauma centers. There was no provision for state funding.

Mr. Bartlett stated that the long range goals for the Kentucky Trauma System are to decrease the death rate from injury, decrease morbidity and disability, and decrease the overall healthcare impact trauma has on the Commonwealth. Mr. Bartlett stated that since 2008, Kentucky has 22 trauma centers with two to three regional hospitals in central Kentucky that are in the process of receiving Level III designation and four hospitals across the state working on Level IV designations. Mr. Bartlett added that Pikeville Medical Center is currently working on developing a pediatric trauma center.

Mr. Bartlett stated that there are 13,000 trauma records in the registry with men making up 60 percent of the entries and isolated hip fractures being the most common traumatic injury. The data reflected that trauma is seasonal as the high volume of trauma registry entries happen in the spring and summer months. 17 percent of all trauma entries are medically classified as severe. 75 percent of trauma cases in the registry were admitted into the operating room, and 13.7 percent were severe enough to need to be transferred to another hospital. The data reflected that 38.24 percent of cases were covered by commercial insurance, 26.95 percent were covered by Medicare, 25.85 percent were covered by Medicaid, and 6.4 percent were either self-pay or uninsured.

Mr. Bartlett stated that the short term goal of the Kentucky Trauma Care System is to secure funding to support the growth and operation of the system. Through legislation, several sources of funding could be found in measures like Georgia's Super Speeder Law, enhanced distracted driving fines, and having a trauma registry add-on to the Kentucky motor vehicle registration forms. The funding would help with employing a full-time program manager, a full time trauma educator, adding software support for the registry, increasing basic operating costs, and facilitating more educational programming.

Dr. Costich stated that the registry currently receives funds from a National Highway Traffic Safety Administration grant which covers annual compilation and analysis of the registry's data. Annual data shows that there are very few trauma deaths in Kentucky due to the rising number of hospitals that can accommodate trauma cases. However, the data does not reflect the cases of motor vehicle deaths in rural areas that never make it to the hospital to be captured in the registry. A comprehensive approach to preventing trauma in rural areas and expanding rescue and trauma resources in rural Kentucky is imperative to preventing deaths.

In response to questions and comments from Senator Meredith, Mr. Bartlett stated that by investing in the trauma system, the state would see savings through the stabilization of patients in their communities. Also communities could, with the help of the Kentucky Hospital Association invest in adequate ground transport so air transportation is not the main transportation method for trauma cases. Mr. Bartlett stated that air transportation costs the state $20,000-$40,000 per event, and is often not a medical necessity but merely the only means of transportation available. Senator Meredith stated that he would like to see a graph of the future savings in proportion with the investments.

In response to questions and comments from Representative Sheldon, Mr. Bartlett stated he would meet with Representative Sheldon and Representative Tipton to discuss their proposed distracted driving bill, 20RS BR 156, to see if the trauma system can be a designated recipient of revenue from the proposed bill.

In response to questions and comments from Representative Prunty, Mr. Barlett stated that in western Kentucky, Bowling Green is working towards a Level III designation since Vanderbilt is just down the road as a Level I trauma center. Mr. Bartlett stated that in Paducah, the struggle has been with the buy-in from the medical team for the on-call hours needed to qualify for trauma status. Mr. Barlett stated that the trauma system and hospitals across the state would benefit from a cap on Medicaid transport, a review of surprise billing for trauma cases and a review of cost for the air transportation system.

Maternal Health and Wellness for New Mothers and Their Children

Carol Steckel, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services stated that the state is working diligently to ensure that resources are maximized for Medicaid beneficiaries, even if that means using multiple agencies. Commissioner Steckel stated that there were 56,000 live births in Kentucky in 2018, 46 percent were paid for by Medicaid which is lower than the national average of 55 percent. In Kentucky, in 2018, there were 27,542 Medicaid covered babies and 24,839 covered mothers.

Dr. Judy Theriot, Medical Director, Department for Medicaid Services, Cabinet for Health and Family Services, stated that Kentucky leads the country with 35 percent caesarean section births compared to the national average of 32 percent. Kentucky's pre-term birth rate is 11 percent which is 3 percent higher than the national average. Dr. Theriot stated that Kentucky is second in the nation behind West Virginia in the percentage of pregnant mothers who smoke.

Dr. Theriot stated that 700 women die each year and 60 percent of those deaths are preventable. Pregnancy related mortality is based on the time while the mother is pregnant, the few weeks after, and up until a year post-partum. Kentucky is thirteenth in the nation for maternal deaths with 22.9 percent per 100,000 compared to the national average of 17.2 percent per 100,000. This number is up significantly from 25 years ago when the national average was 12 percent. Mothers today have a greater chance of dying from childbirth related causes than their own mothers, 25 years prior.

Dr. Theriot stated that infant mortality rate in Kentucky is 6.8 per thousand births and most causes of infant deaths are preventable. Infant death causes range from sudden infant death syndrome, which often occurs due to co-sleeping or not using age appropriate bedding, birth defects that are often caused during gestation through substance use and

smoking, complications from pre-term births, and accidents/injury. Educating new and expecting mothers is the key to preventing many maternal and infant deaths. The Department for Medicaid Services (DMS) is working with the Department of Public Health and Managed Care Organizations (MCO) to educate mothers and families.

Dr. Theriot stated that the state is emphasizing the "Healthy Babies are Worth the Wait" initiative which advocates for mothers to not elect to give birth before 39 weeks. Most Medicaid mothers are covered by a MCO which means they receive case management and resources that meet with the mothers pre-birth and up to twelve months post-partum. The MCOs support the "Healthy Babies are Worth the Wait" initiative, because if a recipient was to elect to give birth, prior to being 39 weeks pregnant and without medical necessity, the MCO would not get paid. Together with the MCOs and doctors, the state is trying to incentivize pre-birth and post-partum doctor's visits and using this time to educate the mothers on safe sleeping, healthy habits, as well as informing mothers of their option to receive long acting reversible contraception (LARC). Only 62 percent of Medicaid mothers attended their post-partum doctor's visits. Only 42 percent of Medicaid mothers who gave birth to drug exposed babies attend their follow-up visits.

Dr. Theriot stated that the Centers for Disease Control reported that ensuring healthy intervals between births increases the likelihood of a healthy child and lowers the rate of maternal deaths. In 2018, the LARC was given to only 4.2 percent of mothers between the ages of 15 to 44 years of age. Dr. Theriot attributed this to the low attendance percentage for post-partum doctor visits where those options can be addressed. Commissioner Steckel stated that in the 2020 contract for MCOs, there will be strict accountability and outcomes measures for healthy mothers, incentivizing providers to utilize available programming.

Emily Ferrell, Epidemiologist, Department of Public Health (DPH), Cabinet for Health and Family Services, stated that the cabinet utilizes several in-home services to new mothers and families. The HANDS program is a home visiting program available to women and families during pregnancy and through early childhood. HANDS provides nurses, social workers and community health workers to help prepare families for the challenges of parenthood while also connecting them to resources. Ms. Ferrell stated that the First Steps program is also a service that the state brings to new families to help aid the healthy development of their infants and to help identify any conditions and developmental barriers the children have while connecting them with additional resources.

Ms. Ferrell stated that under the Department for Public Health, a multi-disciplinary maternal morality review committee has been established. Additionally, DPH has several maternal health based review boards: the Public Health Child Fatality Program, Sudden Infant Death Syndrome Fatality review program, and the Neo-Natal Abstinence Syndrome review. These review boards will aggregate topic issued data that will be used to develop a standardized method of care for hospitals and agencies.

In response to questions and comments from Senator Meredith, Dr. Theriot stated that pre-natal compliance is an issue that can be helped by cooperation and involvement from the MCOs and by offering incentives for the patient. Dr. Theriot stated that since the percentage of mothers who attend their post-partum visits is low, it would be very useful to educate mothers during the pre-natal visits about the benefits of LARC, all the preventable causes of infant death, and the resources they have available to them.

In response to questions and comments from Representative Prunty, Dr. Theriot stated that the fear physicians have of getting sued may contribute to the volume of doctor's consenting to pre-term, C-section births but that she does not have the data on hand to support that claim. Commissioner Steckel stated that since transportation is a Medicaid covered expense, that should not be a barrier to mothers attending their doctor's visits and if it is, it is on a case by case basis.

Adjournment

There being no further business, the meeting was adjourned at 11:30AM.