

MEDICAID OVERSIGHT AND ADVISORY COMMITTEE

Minutes of the Meeting of the 2021 Interim

November 30, 2021

Call to Order and Roll Call

The meeting of the Medicaid Oversight and Advisory Committee was held on Tuesday, November 30, 2021, at 1:00 PM, in Room 171 of the Capitol Annex. Senator Stephen Meredith, 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, Jimmy Higdon, and Morgan McGarvey; Representatives Jim Gooch Jr., Melinda Gibbons Prunty, Steve Sheldon, and Lisa Willner.

Guests: Lisa Lee, Commissioner, Veronica Judy-Cecil, Deputy Commissioner, Department for Medicaid Services (DMS), Cabinet for Health and Family Services (CHFS); Vickie Brown Glisson, Attorney, VYBG Consulting, PLLC; Matthew Carr, Attorney, Frost, Brown, Todd Attorneys; Melissa Eddleman Behavioral Health and Managed Care Section Manager, Delivery System and Payment Innovation Division, Colorado Department of Health Care Policy and Financing; Mark Queirolo, Special Projects Supervisor, Colorado Department of Health Care Policy and Financing; Jason McGill, Assistant Director, Washington State Health Care Authority; and Frank Persinger, Account General Manager, Gainwell Technologies.

LRC Staff: Chris Joffrion, Hillary Abbott, and Samir Nasir.

Approval of Minutes

A motion to approve the October 26, 2021, minutes was made by Senator Alvarado, seconded by Representative Prunty, and approved by a voice vote.

Assisted Living

Lisa Lee, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services, presented a background on housing and the Kentucky Medicaid program, discussed the possible uses for American Rescue Plan Act (ARPA) funds, and how other states accommodate and classify assisted living facilities in their state Medicaid plans.

In response to questions and comments from Senator Meredith, Commissioner Lee stated that the time frame to get a plan approved by Centers for Medicare and Medicaid

Services (CMS) depends on the type of plan being submitted. State plan amendments and 1115(c) waivers have different time frames.

In response to questions and comments from Representative Prunty, Commissioner Lee stated that savings from a new classification and coverage of assisted living facilities would not be seen for several years.

In response to questions and comments from Senator Carroll, Commissioner Lee stated that DMS wants to ensure no duplication of services by clearly identifying for providers what services will be covered by assisted living. Commissioner Lee stated that finding assisted living providers will be one way that DMS can learn to expand options without limiting them for participants.

In response to questions and comments from Senator Alvarado, Commissioner Lee stated that there is funding and support for an assisted living pilot program and a program could be designed.

Vickie Yates Glisson, Attorney, VYBG Consulting, PLLC presented an overview of the Indiana model for Medicaid assisted living and discussed the benefits for incorporating a similar model in Kentucky. Ms. Yates Glisson stated that states must establish full compliance with CMS's "Settings Rule" by March 17, 2023. Ms. Yates Glisson stated that the Setting Rule requires states that receive a federal match for waiver services to demonstrate that individuals are receiving services in the most appropriate setting. Matthew Carr, Attorney, Frost, Brown, and Todd, stated that currently, Kentucky would not be considered compliant with CMS' settings rule without incorporating assisted living into Kentucky's waiver services.

In response to questions and comments from Representative Prunty, Ms. Yates Glisson stated that in Indiana, nursing home care costs \$201 per day while their Medicaid waiver assisted living pay structure is broken down into tiers based on the level of care required. Mr. Carr stated that tier one which is basic assisted living is \$75 per day, tier two which is more skilled nursing assisted living is \$83 per day, and tier three which would deal with medically complicated issues such as memory care costs \$96 per day. Ms. Yates Glisson added that the savings is evident.

Alternative Approaches to the Delivery of Medicaid Services

Melissa Eddleman, Behavioral Health and Managed Care Section Manager, Delivery System and Payment Innovation Division, Colorado Department of Health Care Policy and Financing, and Mark Queirolo, Special Projects Supervisor, Colorado Department of Health Care Policy and Financing, discussed Colorado's Medicaid delivery model and use of accountable care collaborative. Mr. Queirolo stated that the goal of this alternative Medicaid delivery model is to improve member health and lower costs through joining physical and behavioral health under one accountable entity, a strong coordination

of care, more member choice and engagement, and accountability and transparency. Ms. Eddleman stated that one key difference with managed care (MCO) and Colorado's model is the efficiency of enrollment; state Medicaid regional accountable entities (RAE) help ensure the physical and behavioral health care is achieved in tandem, members are enrolled immediately upon eligibility determination, and their provider network is based upon their geographic location with the exception of non-participating regions of the state. Mr. Queirolo stated that judging by key performance indicators and the medical loss ratio of 89 percent, the performance of the accountable care collaborative is currently slightly above that of a managed care option but over time, more savings and Colorado's Medicaid population's quality of health metrics improvement are expected.

In response to questions and comments from Senator Meredith, Mr. Queirolo states that the carve-out for regions that participate in MCOs is due to a disagreement over rate setting and politics.

Jason McGill, Assistant Director, Washington State Health Care Authority, stated that Washington's Medicaid delivery model is a managed care model which works in tandem with the state's accountable communities of health (ACHs) which are regional, community-oriented, equity focused organizations that help engage member participation and fill gaps that are related to social determinants of health. Mr. McGill stated that provider network adequacy remains a critical component of the success of a managed care plan. Mr. McGill stated that Washington will need to revisit the procurement process to maintain savings, ensure more transparency, and redefine goals and vision that change overtime.

In response to questions and comments from Senator Meredith, Mr. McGill stated while the quality of health of the state of Washington has not drastically improved under MCOs, he does not believe it is the responsibility of the MCOs to improve the health but instead to be the delivery and biller of services.

A Technological Solution for Improving Health Outcomes and Increasing Operational Efficacies in Medicaid

Frank Persinger, Account General Manager, Gainwell Technologies, presented an overview of Gainwell's Medicaid claim processing systems and how they are used in other states. Mr. Persinger stated that Gainwell's Population Health Management (PHM) technology is incorporated into Gainwell's Medicaid claims processing software and helps improve clinical health outcomes through improved care coordination and whole participant patient profiles attached to the claim.

Mr. Persinger stated that Gainwell's Social Determinants of Health (SDoH) model technology works in tandem with Gainwell's claims processing software to include needs assessment reminders for clinicians and generates referrals for clients based on needs determined in their clinical profile which helps lead to greater member engagement and

better health outcomes for the Medicaid population being served. Mr. Persinger stated that ARPA funds can be used to setup both technology models and the operation of Gainwell's software can be funded through MCO capitation rates. Mr. Persinger stated that Gainwell's technology currently serves clients in 49 states and two territories.

In response to questions and comments from Senator Meredith, Mr. Persinger stated that in Tennessee where Gainwell works with their MCOs, they have seen positive results from the SDoH model and greater accountability for the claims process than prior to the utilization of Gainwell. Mr. Persinger stated that for the SDoH model to be successful there has to be a provider pool so referrals can be made.

In response to questions and comments from Representative Prunty, Mr. Persinger stated that the return on investment depends on the model but all clients have reported savings after utilization of the software.

Adjournment

There being no further business, the meeting was adjourned at 3:32 p.m.