

MEDICAID OVERSIGHT AND ADVISORY COMMITTEE

Minutes

October 13, 2022

Call to Order and Roll Call

The Medicaid Oversight and Advisory Committee met on Thursday, October 13, 2022, at 10:00 AM, in Room 131 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, and Morgan McGarvey; Representatives Melinda Gibbons Prunty, Steve Sheldon, and Lisa Willner.

Guests: Senator Mike Wilson; Paula Garner, President, Chief Executive Officer, Maryhurst; Bart Baldwin, Contract Lobbyist, Bart Baldwin Consulting; Susan Campbell Turner, Licensed Psychological Practitioner, Children and Family Counseling Associates Inc.; Corey Ewing, President, Chief Executive Officer; Chirag Patel, M.D., Chief Medical Officer; Darren Levitz, Director Member Experience, Wellcare.

LRC Staff: Samir Nasir, Logan Bush, DJ Burns.

Approval of Minutes

A motion to approve the September 15, 2022, minutes was made by Representative Elliott, seconded by Senator Carroll, and approved by a voice vote.

Inspection of Residential Care Facilities (23 RS BR 69)

Senator Mike Wilson discussed 23 RS BR 69 - AN ACT relating to residential care facilities. He stated that the proposed bill will require unannounced inspections of residential care facilities at least once every 15 months, require inspection reports be made available to the public, and allow for fines of up to \$1000 per violation.

In response to questions and comments from Senator Carroll, Senator Wilson stated that this bill would affect private residential care facilities.

Medicaid Reimbursement for Behavioral Health Service Organizations and Outpatient Behavioral Health Services

Bart Baldwin, Contract Lobbyist, Bart Baldwin Consulting, discussed the Medicaid reimbursement rates for behavioral health services and the inability of providers to negotiate fair reimbursement for the services provided to Medicaid recipients. Providers

have faced the financial difficulties due to higher wages for staff and inflation which has a negative effect losing these providers to the Medicaid population.

Paula Garner, President, Chief Executive Officer, Maryhurst, discussed Maryhurst Renewal, a program that provides crisis intervention, individual/family therapy, in-home support, support at school, and wraparound care. She discussed the need for permanent increases in the rate of reimbursement for services and warned that without those increases services will start to disappear due to lack of funding. Susan Campbell Turner, Licensed Psychological Practitioner, Children and Family Counseling Associates Inc., discussed the difficulties her organizations has faced with the current Medicaid reimbursement rates and issues with audits from MCOs.

In response to questions and comments from Senator Meredith, Ms. Garner stated that the pandemic exposed the need for mental health services and destigmatized those services. Ms. Turner stated that it is difficult to deal with the different policies of each MCO and that it would be easier if there were three instead of six. Mr. Baldwin stated that in the long term the state needs to look at the cost of delivering services and the needs of Medicaid recipients and how to fund those appropriately.

In response to questions and comments from Senator Alvarado, Ms. Turner stated that when Medicaid did not have MCOs there was one set of rules and guidance which made it easier for providers.

In response to questions and comments from Representative Sheldon, Ms. Turner stated that the audits come in the mail and her office has to send the documents back to the MCOs. She stated that Aetna and WellCare send the majority of audits. Mr. Baldwin stated that CMS has put pressure on Medicaid to send audits out due to the hold during the pandemic.

Medicaid Managed Care Organizations' Efforts to Improve Health Outcomes, Network Adequacy, and Access to Care – Part 5

Corey Ewing, President, Chief Executive Office, WellCare, discussed network adequacy and how WellCare is addressing the financial position of rural healthcare providers. Chirag Patel, M.D., Chief Medical Officer, WellCare, discussed initiatives to improve the Medicaid populations' health, tools WellCare has used to measure the effectiveness of substance use disorder treatment, and WellCare's strategies to ensure health equity. Darren Levitz, Director of Member Experience, WellCare, discussed initiatives to improve the Medicaid populations' health.

In response to questions and comments from Senator Meredith, Mr. Levitz discussed that WellCare looks at socio-economic health factors to determine where to concentrate more efforts to improve health outcomes. WellCare has many programs to help

members graduate out of the Medicaid program and become self-reliant. The community engagement team works with local governments to promote the resources they offer.

In response to questions and comments from Representative Willner, Dr. Patel stated that medial conditions do not always drive bad outcomes and that many factors can contribute to bad outcomes including transportation to care, housing or lack of, and domestic situations. MCOs provide a social safety net to help providers dispense healthcare without worrying about the other drivers of health. Mr. Levitz stated that WellCare has provided programs to help eliminate barriers to care.

In response to questions and comments from Senator Carroll, Mr. Ewing stated that WellCare does not enjoy the audits and does not want to be an administrative burden to providers. There is room for improvement, and Mr. Ewing looks forward to working towards better relationships with providers.

In response to questions and comments from Representative Sheldon, Dr. Patel stated that he does see the same insurance billing issues Ms. Turner has seen.

In response to questions and comments from Senator Alvarado, Mr. Ewing stated that WellCare had a downward trend of ER visits before the pandemic. Dr. Patel stated that he supports the ACO model and he understands the timeliness of specialist appointment availability and would like to improve the wait time for new appointments. He stated WellCare does report providers to state boards for not following regulations.

In response to questions and comments from Senator Carroll, Mr. Ewing stated that he would be open to partnering with an ABA therapy provider and looks forward to discussing it at a later time.

Adjournment

There being no further business, the meeting was adjourned at 12:05 PM.