Covering Alabama's Kids and Families Statewide Coalition Meeting
RSA Tower – ADPH Board Room
Montgomery, Alabama
April 26th, 2012
10:00 – 12:00

Attendees: Jim Carnes, Alabama Arise; Bonnie Bradley, CHIP; Tim King, Blue Cross and Blue Shield of Alabama; Chris Hutto, CHIP; Charlotte Morris, MASA; Knoxye Williams, CHIP; Viki Brant, CHIP; Teela Carmack, CHIP; Gloria Boyd, CHIP; Dolly Hambrick, Alabama Arise; Richard Fiore, Executive Director HIX; Teresa Stacks, Sarrell Dental; Dawn Ellis, ADPH – Family Health Services; Ava Rozelle, ADPH – Adolescent Pregnancy Prevention; Charlotte Morris – MASA; Maureen Hendley Quinn – National Association of State Health Policy(NASHP); Abby Aaron, NASHP; Elana Parker Merriweather, ADPH – Office of Minority Health; Paul McWhorter, Alabama Medicaid; Gretel Felton, Alabama Medicaid; Annie Smith, Alabama Medicaid; Sharon Parker, Alabama Medicaid; Robert Moon, Alabama Medicaid; Denise Banks, Alabama Medicaid; Tracy Schofield, CHIP; Fern Shinbaum, CHIP; Chris Sellers, CHIP; Dale Quinney, ADPH; Alice Weiss, NASHP; Anne Gautier, NASHP; Cathleen Healey, HIX; Betty Coggins, HIX; Suzanne Respess, Children's Hospital

Call to Order/Welcome:
Jim Carnes called the meeting to order and welcomed the group. Introductions were made.

Minutes: Minutes from the January 26th, 2012 were presented to the group. Under Attendees Section, last line change "HIE" to "HIX". Under Health Insurance Exchange Section, 1st paragraph , 3rd line change "HIE" to "HIX". Under Health Insurance Exchange Section, 2nd paragraph, first line – clarification that the dates for the Level II Establishment Grant have been pushed back. Under Health Insurance Exchange Section, 3rd paragraph, last two sentences delete and change to "Richard said that the HIX will be utilizing the successful outreach efforts that have helped make programs like ALL Kids so successful and looks forward to working with Stakeholders." Under Eligibility and Enrollment Section, 3rd paragraph, 1st sentence delete and change to "It was noted that Alabama did submit enrollment numbers to CMS to determine whether or not Alabama Medicaid will receive bonus money for the third consecutive year. The amount could be as much as $19 million."

Executive Committee Report: Jim Carnes – Jim noted that the Executive Committee had discussed issues related to the importance of educating the public on the cost of uncompensated care as well as the economic impact of Medicaid in Alabama. It has been very difficult in the past to calculate those numbers. Jim noted there would be a change in the agenda to accommodate Dr. Moon's schedule.

Patient Care Networks of Alabama – Dr. Robert Moon – Alabama Medicaid. Dr. Moon gave a brief presentation to the group. In 2009, NASHP and the Commonwealth Fund awarded a Technical Assistant Grant to the Alabama Chapter of the AAP, ALL Kids ADPH and Alabama Medicaid. Later, in January 2010, the Medical Home Workgroup was formed. This workgroup including representatives from the Department of Mental Health, the Alabama Association of Family Practice, the Primary Health Care Association, the Medical Association of Alabama and others. After multiple meetings and discussions, the workgroup recommended that Alabama base its medical home model on one already in existence in North Carolina.

The essential components of the North Carolina Model is that it be a physician-driven system of regional, non-profit organizations charged with: driving the quality of care, improving outcomes, providing care management, developing better care integration and developing collaborative relationships with providers. Ultimately, Alabama Medicaid would like to establish twelve regions but at present has established three regions. These are Med Net West in Tuscaloosa; North Alabama Community Care in Huntsville covering Limestone and Madison Counties and the Care Network of East Alabama in Opelika. Each of these three organizations is paid a per member per month fee. There are two main components to these organizations. First, is providing on-going case management services for patients. The other is having regular medical meetings with providers to assist in improving care provisions. Dr. Moon noted that in just the short time

these three care networks have been opened, they have already seen some improvements compared to Medicaid recipients outside of the networks. He stated that they have seen a 5% saving in spending in those areas. More dramatically, there has been a 15% decrease in ER usage for those recipients inside the network. In contrast, for those recipients outside the network, there has been a 2% increase in ER use during the same time period. Expansion of these efforts to other regions of the state is dependent on Medicaid budgets for the next fiscal year.

Dr. Moon also talked briefly about the Program of All Inclusive Care for the Elderly (PACE). This initiative provides comprehensive long term services and supports to Medicaid and Medicare enrollees. The goal is to provide in-home services to these enrollees in an effort to delay or in some cases eliminate the need for the patient to be moved from their home to a nursing home facility. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home. Mercy Medical Care in Daphne has been in operation for a few months. There is a limit to the number of clients that can be enrolled in the program.

Dr. Moon emphasized that Patient Care Networks and PACE are just two of several interventions that are being established to increase savings and improve patient care. There was some discussion about these initiatives and the type of education efforts that have been taking place. Dr. Moon stated that more information can be found on the Alabama Medicaid website. He stated Medicaid would like to go forward throughout the state if they have the money to do so as this would make significant changes in the delivery system for Medicaid recipients in the state.

Maximizing Enrollment Grant – Members from NASHP attended the CAKF meeting as part of their final site visit for the grant. The grant will end in February of 2013. They noted that there is an intent to continue to convene states for discussions beyond the grant period. They stated that this final visit sought to look back on the gains made during the grant period as well as additional areas for improvement.

Health Insurance Exchange: Richard Fiore – Richard stated that his office has been working to keep Alabama in a position to meet the Federal Deadlines as they approach. In the next couple of weeks, HIX should be looking toward the procurement of an IT system. It is anticipated that an RFP will be out in the next couple of weeks. He said that key staff are in place at the state level. However, there are still decisions that need to be made at the Federal level. According to Jim, Alabama Arise has been working on educating the Legislature about the HIX. He noted that they have worked to get consumer input on the HIX. No legislation has been passed yet to establish the Exchange. Jim further noted that the Governor believes he has the authority to create the Exchange by Executive Order and place it in an existing agency. But there is some question about how this would look.

There was further discussion about outreach. Richard noted that outreach is a key component of the exchange however, due to other issues, at present they have not talked specifically about what outreach may look like. He also noted that HIX is looking at options regarding essential benefits.

Eligibility/Enrollment:
   Medicaid: Gretel provided an update for Alabama Medicaid and provided a handout.
   - **Beneficiary Services Re-organization**
        Medicaid Beneficiary Services, under the direction of Deputy Commissioner Lee Rawlinson, has been re-organized into five Divisions effective 1/1/2012:
        Technical Support (Gretel Felton, Director (334) 242-1720)
        Policy and Training (Paul McWhorter, Director (334) 242-5660)
        Customer Service, East Region (Sharon Parker, Director (334) 242-1714)
        Customer Service, West Region (Elizabeth Conner, Director (334) 242-1732)
        Administrative Services (Diane McCall, Director (334) 242-5842)
        The reorganization should facilitate making Beneficiary Services more responsive to applicants and beneficiaries and provide clear organization of duties and functions in order to run more efficiently.

- **New Recipient Web Portal**

  In February 2012 HP launched a secure Medicaid recipient web portal called *My Medicaid* where Alabama Medicaid applicants and recipients can open an account; check the status of their Medicaid application; view their Medicaid eligibility for the last 12 months; report changes in demographics, income, and household status; close their Medicaid; change their Patient first Doctor in certain situations; request a new Medicaid card; and check their Medicaid benefit limits. Since February 2937 individuals have accessed the site. The updates included: 1966 updates to e-mail addresses, 537 requests for plastic cards, 763 reports of changes in circumstances, and 195 patient first changes. The *My Medicaid* website can be reached through the recipients tab at: http://www.medicaid.alabama.gov

- **Medicaid Customer Service Centers (CSC's)**

  Alabama Medicaid is working hard to become more customer service friendly even though staffing levels are decreasing. The Mobile and Birmingham offices have been re-designed with a larger lobby that has resource information, staff to assist clients and computers to apply online and answer questions. Medicaid's CSC's serve as a one stop office where clients can apply for Family Certification Programs, Elderly /Disabled Programs as well as the ALL Kids CHIP program. There are computer rooms and interview rooms where customers can apply on-line and help is available to assist them with the on-line application. A number of the out-stationed workers will be moved into the customer service centers; however, some out-stationed workers will remain in the community in high-traffic areas or rural areas. Unfortunately with the reduction in staff via proration and attrition, it is more effective to bring the staff into the Customer Service Centers where there is backup support and clerical assistance. In addition to renovations to the existing District Offices to make them more customer friendly Customer Service Centers, a new office was opened in Huntsville in March 2012. A zip code analysis of the Medicaid population showed a great need for a Medicaid office in the Huntsville area. An additional office will be opened in Foley to meet the needs of Baldwin county but plans for other new Customer Service Centers will be halted due to budget and staffing constraints.

- **Use of PHSWs in Medicaid Offices in Huntsville and other areas of North AL**

  Through a cooperative agreement, the AL Medicaid Agency and AL Dept of Public Health (ADPH) have partnered in the Huntsville/North Alabama area to provide Public Health Social Workers in Medicaid offices to take applications, assist clients, provide education and fill a need caused by understaffing. This partnership of staff sharing has been very successful thus far and the experience these staff bring with Home and Community Based Service waivers and their knowledge of ALL Kids has been a welcomed addition to Medicaid! Medicaid and ADPH are looking for additional partnering opportunities in other areas of the state. With the state's budget getting tighter, Medicaid Eligibility and Enrollment staff are looking for ways to leverage resources with the ADPH to provide the best value to the taxpayers. We are looking forward to our continued working relationship with ADPH.

- **Beneficiary Services Electronic Case File Update**

  Medicaid deployed scanners for the Central Office, District Offices, Customer Service Centers and out-stationed workers. The initial phase of the electronic case file went into production in March 2012. A statewide timeline/schedule for scanning and indexing is underway. We expect fewer lost and duplicate applications, and quicker processing time for applications. After piloting scanning in select location, all other locations will be phased in for scanning of all paper files. We currently have 38 DHR recipients hired through the State Finance Temporary Personnel Contract to help with the scanning, indexing and quality control functions. This is a wonderful example of a partnership between Medicaid and a sister agency, DHR, to lower costs to the State for the scanning/indexing services while providing job skills to DHR recipients.

- **Express Lane Eligibility (ELE) update**

  ELE allows Medicaid and CHIP agencies to determine eligibility using certain eligibility findings from other public need-based programs. Since the inception of the program over 265,000 children have had their eligibility determined through ELE using SNAP or TANF income

findings to determine their Medicaid eligibility. Just this month, we have received formal approval for using ELE for Plan First women making the process for certifying their eligibility much simpler at application and renewal! The agency is working with DHR to begin automatically renewing cases through a monthly ELE match with DHR. The families that match would not receive a renewal form, but would receive a notice that they are automatically renewed and are required to report changes to the agency. We hope to implement this soon. Cases that could be automatically renewed include child-only cases; and cases where the head of household is pregnant or a Plan First woman.

Contact: Gretel Felton, (334) 242-1720; gretel.felton@medicaid.alabama.gov

There was some discussion about eligibility determination after the Exchange is established. It was noted that the interface between CHIP, Medicaid and HIX needs to be easy. There are essentially 3 options in determining eligibility after the Exchange goes into effect. In Option One: HIX would make the final eligibility determination and CHIP and Medicaid would accept this. Option Two: HIX makes an initial assessment and sends this to the appropriate program, either CHIP or Medicaid, for a final eligibility determination. In Option three: HIX would make an initial assessment and in-house CHIP and Medicaid workers would make a final determination.

CHIP - Viki said that CHIP has been working on trying to get more accurate numbers as to what children will actually shift to Medicaid and the eligibility changes are made in 2014.

- Budget – ALL Kids has made a request to CMS for an increase in premiums and co-pays. There has been no approval yet.
- On-Line Application – The newly updated On-Line application should go live in the near future. This version will have renewal capabilities for enrollees. Eventually, it will also be translated in Spanish. It is anticipated this would be a smooth process for enrollees.
- Phone Renewal – There was a pilot project that offered enrollees due to renew the opportunity to enroll by phone. Few families used this option. The process was found to be very time consuming.
- Electronic Case Record – The capabilities of the Electronic Case Record has allowed CHIP to reduce processing time for eligibility determination. This has freed staff up to handle more difficult issues with applicants as they arise.

Access/Education: Again pre-enrollment for the Exchange will be in October 2013 with Medicaid enrollment beginning January 1, 2014. There was a question about how people will be informed about the exchange. Outreach plans have not been finalized. There was some discussion about the development of a timeline for getting the word out to consumers.

Federal/National Perspective: It was noted that the Supreme Court Decision, which is expected in June, is having a great impact. Additionally, the November elections and the balance of power may have an impact on whether the Affordable Care Act survives in its present form. More guidelines are coming out in particular IRS guidelines and information on the state use of the Modified Adjusted Gross Income (MAGI).

There was some discussion with the NASHP representatives about the impact of current state budgets. IT was noted that improvements such as the Electronic Case Record, My Alabama, the Web Application for SNAP and Express Lane Eligibility at Medicaid have helped the agencies and applicants.

Partner Updates:
Sarrell Dental – There are now 14 offices across the state. An office opened in Tuscaloosa and will soon open in Alex City.

Office of Minority Health – Health Disparities continue to be a focus of the office of Minority Health. There was an announcement about an upcoming webinar on Bullying and the Mental Health Issues in Children and Adolescents. The Office of Minority Health continues to have frequent satellite conferences.

More information on upcoming programs and previous on-demand programs can be found at www.adph.org/alphtn.

Dale mentioned that the Annual Rural Health conference will be on May 2nd and 3rd. There will be 3 tracks including one for Rural Hospitals, one for Rural Health Centers and one for Emergency Medical Services. This will be held at the Marriott Legends at Capitol Hill in Prattville. Also, during the Rural Health Membership meeting on Wednesday evening, there will be a demonstration on the use of telemedicine in Georgia.

Meeting was adjourned.

Next Meeting: July 26th, 2012, RSA Tower, 15th floor Board Room – 10:00 am – 12:00 noon.

HANDOUTS:
- Minutes of the January 26, 2012 meeting
- Office of Minority Health announcement for the Bullying and Mental Health Issues in Children and Adolescents satellite conference.
- Alabama Medicaid Eligibility Update
- Alabama Public Coverage Enrollment Demographics
- Power Point Presentation on the Patient Care Networks of Alabama