

MONTANA HEALTH COALITION
June 9, 2011 Meeting Minutes

The meeting was held by WebEx at 111 Sanders, Room 306, in Helena, Montana. Coalition members in attendance were: Edith Clark, Kristianne Wilson, Travis Hoffman, Gary Mihelish, and Mary Dalton. Also in attendance were: Janet Whitmoyer, Mike Foster, Lois Steinbeck, Quinn Holzer, Lou Thompson, Katherine Buckley-Patton, Kelly Williams, Linda Snedigar, Terry Krantz, Hank Hudson, Bob Runkel and Jo Thompson.

1:30 Mary Dalton, State Medicaid Director welcomed the group and gave a Department update. *Overall DPHHS did very well in the legislative session and was funded at \$1.873 billion. Some areas like Senior and Long Term Care received a little more but Medicaid will be lean at \$6.974 million. For Medicaid this is a 1.3% increase for FY2013 and a 3% increase for FY2014. *CMS is still exploring our Medicaid Part D Prescription Drug Program Waiver and will let us know when they have information to share. *The Regional (5 County) Demonstration Project did not receive legislative support and will not move forward. CMS did not seem inclined to waive the requirement of more than one HMO provider and it is not feasible in such a small state to have two. *The option of a Family Planning Waiver is still feasible with CMS. A waiver would allow family planning services only for women of childbearing age up to 185% or 200% of Federal Poverty Level. Family Planning coverage under the State Plan is still an option but we couldn't limit the number of people and would need to make services available to men as well as women. We are analyzing which avenue would better serve the need. *We are currently scoring three bids from Noridian, Molina, and ACS for the procurement of the MMIS (Medicaid Management Information System), which is Medicaid's claims payment system. Bid price proposals will not be opened until all the evaluations are complete.

2:00 Linda Snedigar, Administrator, Human and Community Services Division passed out a HCSD handout to show March enrollment numbers for Medicaid, the Libby Asbestos Medicare, and the Medicaid for Workers with Disabilities Program. There were no Administrative Rules of Montana (ARM) filed. The legislature did not pass any funding for a Health Exchange and Montana is presently one of six states who will use the federal exchange. (See HCS MT Health Coalition Report 6-11 Handout)

2:15 Kelly Williams, Administrator, Senior and Long Term Care Division said her Division received new direct care one time only funding of \$3.9 million. They will distribute the funds much the same as the last time, maybe as lump sum bonuses. An increase in wages would have to be sustained and this is one time funding. There is a 6/15/11 ARM hearing for personal care and home health providers. Effective 8/1/11, the ARM will roll back the 2% provider rate FY 2010 one time increase. 80 Home and Community Based Waiver slots were restored during the legislature and 100 new slots were added that are targeted to transitioning individuals. The PACE (Program for All-Inclusive Care for the Elderly) Program, operated in Billings, did not receive funding and will be terminated 6/30/11. These individuals are being cared for by State Plan services, nursing facilities, or waiver slots.

2:30 Terry Krantz, Administrator, Health Resources Division discussed three specific ARM notices for 6/15/11 ARM hearings involving the roll back of the 2% FY 2010 one time provider increase effective 8/1/11. These ARMs affect a range of Medicaid services and have impacts from \$175 to \$386,000. Physician service fees are not affected by the roll back. The hospital roll back is applied to Inpatient Prospective Payment hospital's only. The ARM also authorizes partial funding of a Graduate Medical Education Payment Program through an IGT (Intergovernmental Transfer) agreement with the University System. (See Proposed Administrative Rule Notices Handout)

3:00 Bob Runkel, Administrator, Disability Services Division has been stationed at the Montana Developmental Center (MDC) in Boulder for the past two months. Bob was the interim superintendent while the permanent position was being hired. They are reconfiguring the facility and will downsize capacity, expand intensive therapy and concentrate on individual's needs. The majority of costs of services at MDC are reimbursed by Medicaid. His Division has several proposed ARMs and Home and Community Based Services (HCBS) waiver changes. The themes are cost management, to roll back the 2% provider rate FY 2010 one time increase effective 8/1/11, increase individual consumer's choices, and to increase service options for independent living.

3:17 Lou Thompson, Administrator, Addictive and Mental Disorders Division has recent ARMs. The ARMs allowed a reduced fee for adult mental health targeted case management (TCM) services effective 3/1/11 and allow AMDD to return to flat contract amounts with mental health centers. Physician, psychiatrist, mid-level practitioners, FQHC, etc, remain fee for service. Proposed rules effective 8/1/11 will roll back the 2% provider rate FY 2010 one time increase effective 8/1/11 that includes 72 Hour with no further reduction for TCM providers. They have about \$680,000 per year for matching grants to counties with crisis stabilization and jail diversion. Letters are now going out to encourage grant submittal. About 300 individuals are enrolled through the new approved population of up to 800 individuals with schizophrenia and bipolar disorder through the Basic Medicaid waiver. They are adding about 50 per month until the 800 cap is reached. Missoula was added as a Severe Disabling Mental Illness (SDMI) HCBS waiver site in 12/10 with 30 slots. A total of 155 waiver slots are available at all sites. Today's census at the Montana State Hospital was 156. They have a 201 license capacity and census has been as high as 220 in the past. The forensic unit has a capacity of 36, today's total is 42, and past census has been as high as 54.

3:25 Katherine Buckley-Patton, Program Director, Healthy Montana Kids (HMK) has one ARM that makes a small cost of living adjustment to the HMK income guidelines, set at 250% of the federal poverty level (FPL). Enrollment continues to increase under the HMK Program, a combination of children's Medicaid and the Children's Health Insurance Program (CHIP). Montana voters passed the Healthy Montana Kids ballot measure (Initiative 155) in 2008. Prior to HMK, annual enrollment in children's Medicaid and CHIP averaged about 2% increases from 2006-2008. In 2009, enrollment in HMK increased at a rate of 10% above the prior year, and there was a 13% increase in enrollment in 2010. Prior to HMK implementation, CHIP had a maximum income guideline of 175% FPL. The program's increase to 250% FPL reflects a 'newly eligible' group of children that account for 38% of the HMK/CHIP enrollment. As of January 2011, "HMK presumptive eligibility" is a temporary coverage option for eligible children and is currently only available at all statewide hospitals. Families must complete the application process to assure their children are eligible for 12 months of continuous coverage. HMK received 8,500 applications in this state fiscal year (July 1- June 30) a 10% increase from 2010 and a 23% increase from 2009. In the same time period, the HMK customer service line received over 40,000 calls, a 25% increase over the prior year.

3:35 Mary said Jeff Buska, Administrator, Quality Assurance Division would not be attending. She asked the group if they like attending by WebEx and the response was very positive. The group did not feel like they needed the video portion but did appreciate having the handouts available via the internet. Mary proposed the next meeting for September or October. The group felt the discussion of agenda items was clear, members of the public were able and did ask questions, and no votes or decisions were needed for any item. Meeting adjourned.

*Full meeting audio minutes are available at:
<http://www.dphhs.mt.gov/boardscouncils/montanahealthcoalition.shtml>