MaineCare Managed Care Stakeholder Advisory Committee (SAC) Meeting Minutes

July 15, 2010, State House Taxation Room 127

This meeting was a live broadcast over the internet through Maine's legislative channels.

More detailed information on these areas of discussion can be found in the PowerPoint and other committee meeting materials at:
http://maine.gov/dhhs/oms/medicaid/medicaid_index.html

SAC Attendees
Andy Maclean (Maine Medical Association), Ann Stevens (Houlton Band of Maliseet), Carol Carothers (National Alliance on Mental Illness), Tina Grant (G.E.A.R. Parent Network), Cindy Fagan (Mental Health Collaborative), Connie Garber (York County CAP Transportation), Dale Hamilton (Community Health and Counseling Services), Dean Crocker (ME Children’s Alliance), Nancy Cormier (ME Alliance for Addiction Recovery), Elaine Ecker (Consumer Council System of ME), Jack Comart (Maine Equal Justice Partners), Jim Kane (Central ME Healthcare PHO), Julia Bell (Maine Developmental Disabilities Council), Kelley McTague (Acquired Brain Injury Advisory Council), Kevin Lewis (Maine Primary Care Association), Kim Moody (Disability Rights Center of Maine), Lynda Mazziola (Maine Autism Society), Muriel Littlefield (Dept. of Health and Human Services), John Hennesey (American Association of Retired Persons - AARP), Rick Erb (Maine Health Care Association), Rose Strout-MaineCare Member (Homeless Voices for Justice), Kimberly Burrows (Youth Leadership Advisory Team)

Public Attendees
Leo Delicata (Legal Services for the Elderly), Judiann Smith (Spurwink), Merrill Friedman (Amerigroup Corporation), Mark Holbrook, Ph.D. (NOE), Tom Druttar (Medical Network), David Winslow (Maine Hospital Association), Mike Mahoney (Federle Mahoney), Susan Hillman Bourne (Maine Parent Federation), Susan Burns Chong (Youth Leadership Advisory Team)
Project Staff
Tony Marple (DHHS, MaineCare Services), Stefanie Nadeau (DHHS, MaineCare Services), Sarah Stewart (DHHS, MaineCare Services), Paul Saucier (Muskie), Nadine Edris (Muskie), Katie Rosingana (Muskie)

Overview
The Stakeholder Advisory Committee (SAC) meeting focused on the following:

- An overview of the Managed Care initiative including the background, goals, key milestones, and timeline
  - Feasibility of Risk-Based Contracting in the MaineCare program with report from Maine Department of Health and Human Services to DHHS legislative committee (This report is available at: http://maine.gov/dhhs/oms/omd_care/mdc_care_index.html)
  - Importance of Stakeholder engagement
  - The State administrative resources and need for financial investment
  - Federal authority approval
  - Projected impact on quality and health outcomes
  - Net savings over time
  - Various types of Medicaid Managed Care in existence nationally
  - Proposed phases of MaineCare Managed Care enrollment for members
  - Study of literature from other states’ Managed Care experiences
  - What is needed for the Managed Care initiative to be successful in Maine
  - Proposed timeline of Managed Care roll-out

Questions/Concerns and Key Discussion Points

- Phasing in enrollment of MaineCare population
  - What is meant by mandatory population?
  - Where do families with kids with disabilities go-what phase?
  - How is Long Term Care community fitting into this?
  - When in the process will the acquired brain injury population be enrolled?
  - What is thought process behind phased in approach of populations?
  - Has DHHS considered regional phase in approach rather than population based?
  - How will change in family status affect eligibility at various points in enrollment?

  E.g. Birth of child with disability-need to look at this as a phase in approach

  - Will waivers have to be submitted to CMS?
• **Actuarial work**
  o Will this be used to review the feasibility of a phased in approach?

• **Pharmacy**
  o How will pharmacy services be handled?
  o What is role of SAC regarding carve out of pharmacy?

• **Mental health included in phase in or carved out?**
  o It is anticipated that this will be included up front.

• **How can we best inform process early on re: mental health community, immigrant population, homeless?**
  o Important to think of physical and mental health in an integrated way

• **Have we talked with other states to get their input?**
  o As part of the feasibility study, many states were interviewed and reviewed with an emphasis on Arizona.

• **What are CMS requirements**
  o What are immovables?
  o Federal policies?

**Stakeholder Engagement**

• **Overview**
  o Sarah Stewart is the contact person for MaineCare Managed Care initiative
  o Internal DHHS processes- Design Management Committee, quality workgroup, finance workgroup, legislature, organization of committees
  o Role of SAC- the SAC is advisory in nature; it will prepare and present recommendations to DHHS via Design Management Committee for decision.
  o Roles of Member Standing Committee (MSC)- bring members’ issues and concerns to SAC; recruitment is in process, first meeting tentatively scheduled for mid-August
  o Role of Special Needs Subcommittee (SNC)- input in design at early stages of implementation, focus on more complex and detailed health concerns, first meeting 7/26/2010, SNC is working on naming the committee
  o Member Listening Sessions- regional listening sessions/focus groups for members to speak openly and provide input on what is and isn’t working in the MaineCare program, first session late 8/2010 or early 9/2010
MaineCare Advisory Committee (MAC), Provider Advisory Group (PAG); need to define the roles of these groups in relation to the SAC in the future.

- **Rules of engagement/purpose statement**
  - Changes made to add expectations of the group including but not limited to uses of proper language and terms, spelling out acronyms, dropping stereotypes, being courteous of others, no fragrances, and involvement of the two other advocate committees (MSC/SNC)

- **Communication planning**
  - Various media and outreach efforts were discussed.
  - A glossary of terms, acronyms, etc. used in these meetings and printed materials will be created.

- **Public health- Is there a representative on the SAC?**
  - Dept working on finding a representative.

- **How will the SAC interact with legislature?**
  - This has yet to be determined; needs to be vetted through the Commissioner’s office.

- **Use language that is both respectful and inclusive**
  - Clarify that when talking about mental health, are we talking behavioral health? If so, can we call it that? Need consensus on appropriate terms, concepts and language.

- **Naming of committees**
  - SAC needs to be more descriptive
  - SNC name change from “special needs”; to be determined by subcommittee.

- **Future SAC Meetings**
  - Managed Care 101 will be presented at the next SAC and SNC meetings, focusing on broad managed care concepts, terminology, and federal requirements
  - New location for SAC meetings; allow food and drink.

**Scheduled Meetings**
- First SNC meeting Monday July 26, 2010 9:00- 11:00 am at MaineCare Services,
• Next SAC meeting Friday September 17, 2010 from 1:00- 3:00 pm, location TBA (SAC meeting schedule: monthly Friday meetings; calendar online).