



State of Utah

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Governor

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Lieutenant Governor

Utah Department of Health

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January 6, 2012

Jonathan Ball, Director
Office of the Legislative Fiscal Analyst
State Capitol Complex
House Building, Suite W310
Salt Lake City, UT 84114

Dear Mr. Ball:

As required by intent language in Senate Bill 2 (2011), Item 80, I am reporting on agency plans to implement feasible recommendations from the public comments in the 2011 issue brief entitled Medicaid Survey Results. The report includes input from the Department of Health, the Department of Human Services, the Department of Workforce Services, and the Medicaid Fraud Control Unit. In addition, the newly created Office of Inspector General for Medicaid Services also participated in this process because some of the recommendations focused on responsibilities that are now located in that office.

A team consisting of staff from each of these organizations met to identify which agency would take the lead on the feasible survey recommendations. The attached grid lists the feasible recommendation, the implementation status, the lead agency, and notes on the status. As shown in the grid, state agencies have made efforts to implement many recommendations. The grid also shows many recommendations that would require legislative or federal action in order to be implemented.

We hope this report provides your office and the Legislature with the information needed to provide oversight of these program activities.

Sincerely,

Michael Hales
Deputy Director, Department of Health
Director, Medicaid and Health Financing

Enclosure: Medicaid Survey Responses Implementation Tracking (Public Recommendations)



Medicaid Survey Responses Implementation Tracking

January 1, 2012

| Legend | |
|---|------------|
| Vague suggestion, no action needed | NA |
| Recommendation could be implemented but would likely be cost prohibitive, or have a low return on investment | Low ROI |
| Recommendation would require a change in state law, an appropriation, or a change in federal law or rule | Leg/ Reg |
| Recommendation is being studied by the agencies, is ready to be implemented, or is process of being implemented | In Process |
| Recommendation has been implemented | Done |
| Agency with primary responsibility to respond to this recommendation | Lead |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| <h1>Medicaid Survey Results</h1> | | | | | | | |
|--|-----------|--------------------|---------------------|-----------------------|-------------|-------------|--|
| 1. What areas of Medicaid could be improved? | | | | | | | |
| Specific Suggestions for System Improvement | | | | | | | |
| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
| With electronic claims for dental services payment time is much improved. | | | | | X | DOH | In addition, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental benefits will be offered through private dental plans. |
| Smoking cessation programs should be eliminated and the tax on cigarettes increased proportionally. Higher taxes are far more effective than anti-smoking campaigns. Also, tax full sugar soda and other harmful foods and invest in diabetes prevention and anti-obesity campaigns. | | | X | | | | Legislature |
| Make the PASARR process electronic. | | X | | | | DHS | PASARR is a federally required review of nursing home residents that have a mental illness to make sure they are not inappropriately placed. The Division of Substance Abuse and Mental Health is the responsible agency. They won one of the Governor's awards for the automation project on this function. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|--|
| Medicaid could improve by converting to a competitive reimbursement system. Using the managed care [health maintenance organization] causes dollars to go toward management of the [health maintenance organization] that could toward actual Medicaid services. | | X | | | | DOH | Rather than using a competitive reimbursement system, DOH is proposing to move to Accountable Care Organizations (ACOs) where plans would be paid a certain rate per client. The plans and the health care providers will have the incentive to provide quality care within that rate. |
| FMAP extension | | | X | | | | Congress |
| Some of the issues that are currently face to face expensive visits can be handled over the phone. This may save money in expensive office visits and keep patients out of busy waiting rooms and having to take time off work. We should have formularies for Medicaid patients in the same way some of the insurance companies have formularies to cut costs. | | X | | | | DOH | Federal law prohibits formularies for Medicaid. However, DOH has been very successful in operating a preferred drug list (PDL), which saved Medicaid \$27 million in FY 2011. |
| [Improved interpersonal skills of] the pre-hearing and hearing team. | | | | | X | DWS/ DOH | The hearing groups at DWS and DOH have had significant changes since the time of the survey. DWS has implemented a pay for performance process with some of their hearing staff. DOH has changed the staff and roles of its hearing unit. Currently, there aren't complaints about interpersonal skills. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|--|
| <p>Focus on strengthening outcome oriented services (rather than evidenced based services). Providers are very creative and innovative when it comes to their service delivery and when it comes to tailoring the services to their unique geographic area. Increased focus on the “how” leads to increased administrative burden without necessarily obtaining better results.</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service.</p> |
| <p>Medicaid needs to mail out membership (paper) cards monthly at a monthly cost, we heard, about \$400,000. Now [Utah Health Information Network] has developed a standard health plan member ID card. Can Medicaid use it for eligibility and not do paper-mailing? This card can have real time information, verification, Medical Home information. It can be linked to annual payment, episode care, etc.</p> | | | | X | | DOH | <p>A change in income or family situation can cause a client to lose Medicaid eligibility on any given month. Medicaid needs to be able to be able to communicate this changing information to providers. UHIN is working with the health plan and medical provider community to develop agreement around standard ways to add electronic information to existing health plan cards. In addition, DOH will be developing real-time eligibility access in 2012.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Get the incentives right. At present Medicaid has taken the uninspired, politically correct approach that ignores incentives to human behavior. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves. |
| Many Medicaid patients need some incentive for taking responsibility for their lives and health, not just an open card for any health care need that may arise. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Clients will earn incentives if they take appropriate care of themselves. |
| Drop the [Medicaid] program. | | | X | | | | Legislature/Congress |
| Specific Problems/Suggestions for Medicaid Eligibility | | | | | | | |
| Since the program eligibility has been moved to Workforce Services the workers are not as [familiar] with the program and it is difficult to access services if you are not [familiar] with a computer. Much better at Dept. of Health. | | | | | X | DWS | DWS has many points of access. Customers can go online, call Eligibility (ABD, LTC and outreach are direct-dial) or go into one of our centers for mediated assistance. Customer Education is an expectation for all DWS Eligibility Specialists. DWS has resources to assist Eligibility Specialists to ask for necessary verification for Medicaid Programs (Specialized Interview Guide). |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Communication between caseworkers and clients. Caseworkers need to help better understand clients' needs and be very patient with clients. Some clients struggle with literacy and are not bilingual. Caseworkers need training on rural areas and customer services. Caseworkers & [Department of Workforce Services] employees are not pleasant to work with. The interview telephone lines have wait times that exceed 45 [minutes]. When you finally get someone on the line, they hang up on you. | | | | | X | DWS | Call wait times have significantly decreased. Average wait time for all inbound calls is currently 18 minutes, which we feel is acceptable. If the DWS worker is unable to communicate in the customer's primary language, we provide 3rd party translation. Rarely, DWS has problems with dropped calls. Reported problems are researched and resolved. |
| I feel that some of your staff have way too many caseloads and errors are being made that were not previously. | | | | | X | DWS | DWS caseloads are high and we have absorbed many vacancies. Additionally, eligibility recently converted to a new eligibility system. Workload is currently manageable. |
| Quality of eligibility workers needs to be improved. Job performance, follow-up, customer service, [timeliness]. [Separation] of 10A & eligibility. They do not communicate with one another. | | | | X | | DWS | DWS Eligibility Specialists have specific metrics for which they are held accountable in their performance plans: volume, accuracy and timeliness. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Currently the Financial Eligibility process is slow and cumbersome. It is very costly to the [nursing home] facilities. We should move the financial eligibility piece back to the Department of Health where they have more trained workers to handle the load. | | | | X | | DWS | DWS has specialized teams to manage Long Term Care/Nursing Home cases. Many of the employees are assigned to specific care facilities. DOH no longer has Eligibility Specialists, those staff were transferred to DWS in July 2007. |
| Simplifying the enrollment and renewal process. | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). |
| Streamline enrollment and retention processes. Examples: 12 month continuous eligibility, express lane eligibility and paperless income verification, ex parte renewal. | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e., income interfaces). |
| Eligibility – administrative simplification (ex parte review, 12 [month] continuous coverage, express lane eligibility). | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e., income interfaces). |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| Simplify application and review forms. | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e., income interfaces). |
| Expedite determination of eligibility. | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e. income interfaces), and has recently implemented eREP enhancements that notify eligibility specialists when the case is ready to work. |
| Determine eligibility locally. | | | | X | | DWS | DWS has a statewide eligibility service delivery model. This allows us to equalize workload and keep jobs in rural areas. DWS technology is such that eligibility determination is not hampered by geography challenges. |
| Eligibility verification. | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e. income interfaces). |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

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|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Communication on the different Medicaid programs. Workers need to be better educated on the different Medicaid options/programs. They need to be able to answer questions and direct people in the community on what program would work best for them. There are a lot of families who have communicated with Medicaid workers regarding regular income based Medicaid and not informed of the other Medicaid options after not qualifying (i.e. Disability Medicaid and spend-down program). | | | | X | | DWS | Customer Education is an expectation for all DWS Eligibility Specialists. DWS has resources to assist Eligibility Specialists to ask for necessary verification for Medicaid Programs (Specialized Interview Guide). Eligibility Specialists have been instructed to look at Medicaid for all household members, including medically-needy (spenddown) programs. The more complex medical programs are specialized within DWS. |
| Changes are affecting the elderly on the | | | | X | | DWS | Native American customers have recently |
| Raise Reimbursements | | | | | | | |
| Reimbursement levels for all dental procedures need to be raised. Procedures that are covered need to be expanded to cover what is considered standard of care. (ex. posterior white fillings on some posterior teeth, Cast crowns instead of Stainless [steel] crowns). | | | X | | | DOH | Additional appropriations would be needed to raise current reimbursement rates. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental rates will be set by the private dental plans. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates to dentists. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>As a physical therapy clinic we lose money every time we see a Medicaid patient. The reimbursement of \$20.88 a session is very low. That doesn't even cover the billing and rent - let alone the cost of the therapist. It is very hard for us to see [Medicaid] patients.</p> | | | X | | | DOH | <p>Additional appropriations would be needed to raise current reimbursement rates. However, DOH has submitted an 1115 ACO waiver to move medical services to a more capitated arrangement. If the waiver is approved, the health plans will set medical provider reimbursement rates. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates.</p> |
| <p>I have not participated in Medicaid for 15 years now. Initially, reimbursements were sufficient to provide the service, now they lag substantially behind average fees for our State.</p> | | | X | | | DOH | <p>See previous answer</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---------------------|
| <p>At the present time most physicians are fortunate to collect 50 cents on the dollar for seeing Medicaid patients instead of private pay/insured patients. Frankly, the reimbursement does not cover the cost of keeping the office open and staffed to cover the paperwork and supplies needed to serve these patients. The result is that many physicians simply refuse to see Medicaid patients. Increasing the level of reimbursement even to the level of Medicare reimbursement would be a great step forward that would improve access and quality of care provided to Medicaid recipients. The only way physicians in private practice are now able to care for Medicaid patients is by supplementing the cost by revenues generated by private pay and private insurance-covered patients. When the pool of Medicaid patients reaches a certain point, no physician will be able to afford to provide any care.</p> | | | X | | | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------------------|------------|------|---------------------------|---|
| <p>More reimbursement. Anesthesia literally makes pennies on the dollar. My plumber and electrician both charge me more than Medicaid reimbursement for anesthesia services.</p> | | | <p align="center">X</p> | | | <p align="center">DOH</p> | <p>Additional appropriations would be needed to raise current reimbursement rates. However, DOH has submitted an 1115 ACO waiver to move medical services to a more capitated arrangement. If the waiver is approved, the health plans will set medical provider reimbursement rates. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|---------------------|
| <p>Obviously reimbursement levels to providers in general can be improved but of particular importance is reimbursement to primary care: FP, IM, pediatrics and [obstetrics]; if it were possible to create tiered reimbursement for [primary care providers] for certain CPT (Current Procedural Terminology) codes – particularly those codes used by [primary care providers] 80 percent of the time or more along with the basic E/M codes and preventive codes this may improve access for patients and help to create a [primary care medical home] environment; also creating an incentive system which reimburses providers more for certain measures such as access and certain quality measures, which may also create improved access.</p> | | | X | | | DOH | See previous answer |
| <p>The reimbursement rates are terrible and an insult to providers. Society expects medical providers to provide services at a cost that is not covered by the reimbursements.</p> | | | X | | | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|--|
| Physician reimbursement: in total amount reimbursed . | | | X | | | DOH | Additional appropriations would be needed to raise current reimbursement rates. However, DOH has submitted an 1115 ACO waiver to move medical services to a more capitated arrangement. If the waiver is approved, the health plans will set medical provider reimbursement rates. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates. |
| We need better reimbursement. There could be a very big cost savings in [neonatal intensive care unit] expenses if we could provide better [obstetrics] care. Because of such low reimbursement there is no incentive to take on this group of patients. When we do, we get no support from other providers. I cannot tell you how many times a week I need the help of another provider and cannot get anyone to see my patients. The worst is the [University] of Utah Department of Neurology. I cannot get them to see any of my patients! | | | X | | | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|---|
| <p>The most obvious is that the reimbursement needs to at least cover the expenses of care. This applies to Medicare as well, but I will stick to the subject. Specifically, emergency visits are covered at a fraction of the rate that a regular office visit is covered. I realize this is to discourage non-emergency use of [emergency department], but providers do not have control over where the patient shows up for care and to penalize a [primary care provider] who has come in to care for a patient in the middle of the night seemed unreasonable.</p> | | | X | | | DOH | See previous answer |
| <p>Raising [dental] reimbursement rates to a reasonable level.</p> | | | X | | | | <p>Additional appropriations would be needed to raise current reimbursement rates. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental rates will be set by the private dental plans. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates to dentists.</p> |
| Prior Authorization Problems & Suggestions | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Prior Authorizations are too cumbersome and take too long now. It used to be we could get info to you and would get [authorization] in a reasonable time now it takes weeks sometimes. Paperwork being lost is another problem sometimes we send paperwork 2 or 3 times. We do use your new system. | | | | X | | DOH | The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers. |
| Prior approval process for Home Health and Hospice. | | | | X | | DOH | See previous answer |
| Preauthorization process for surgery is horrible! | | | | X | | DOH | See previous answer |
| Timeliness of pre-authorization process. | | | | X | | DOH | See previous answer |
| Consistency in the pre-[authorization] process. | | | | X | | DOH | See previous answer |
| Improved interpersonal skills of the pre-authorization team. | | | | X | | DOH | See previous answer |
| Add/Expand Specific Services | | | | | | | |
| Chiropractic benefits. | | | X | | | | Legislature - appropriations |
| [Greatly expand] preventive services in Medicaid waivers. | | | X | | | | Legislature - appropriations |
| Payment for circumcision should be reinstated. | | | X | | | | Legislature - appropriations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| The New Choice Waiver/Flex Care program should be expanded. There is significant savings and quality of life is enhanced in being in a less restrictive setting. | | | | X | | DOH | DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million. |
| Improve Pharmacy Coverage/System | | | | | | | |
| Continue work on a preferred pharmacy list to help save money. | | | | X | | DOH | Federal law prohibits formularies for Medicaid. However, DOH has been very successful in operating a preferred drug list (PDL), which saved Medicaid \$27 million in FY 2011. |
| Improve Client Education | | | | | | | |
| Patients should have some responsibility for seeking healthcare services, which requires education. Some effort at education on how and when to utilize medical services would be helpful. A hotline where Medicaid patients could talk to a nurse, physician or other healthcare provider to discuss their situation prior to seeking direct medical advice might minimize over-utilization. | | | | X | | DOH | All new Medicaid clients are sent a member guide. When they enroll, they have an opportunity to talk to a health program representative or local health liaison in order to better understand their benefits. In addition, clients are provided information about our Safe to Wait program, which encourages appropriate use of the emergency room. |
| Make enrollment understandable to the average client, make it easier. | | | | X | | DWS | DOH and DWS are working together to explore ways to streamline process, if possible. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|--|
| <p>Giving clients clear, concise instruction on how Medicaid works. They acceptance and denial letters are VERY confusing. In one letter you can be accepted and denied in the same paragraph. Better communication with Medicare's computers when a client uses a "spend down" to get on Medicaid. Currently you send premiums to Medicare/Social Security for 3 months then you request it returned because client has not paid monthly spend down. This puts a hardship on the client to have 3 months of Medicare premiums withdrawn from their account at one time. Most clients will claim they were never told this would happen.</p> | | | | X | | DWS | <p>Improving eREP correspondence is a priority for DWS and DOH. Customer Education is an expectation for all DWS Eligibility Specialists. DWS has resources to assist Eligibility Specialists to ask for necessary verification for Medicaid Programs (Specialized Interview Guide). Eligibility Specialists have been instructed to look at Medicaid for all household members, including medically-needy (spenddown) programs. DWS acknowledges that the Medicare buy-in process is complicated, especially with customers who have a spenddown.</p> |
| Increase Client CoPays | | | | | | | |
| <p>Having recipients, those on Medicaid pay into the system even if it is minimal - ability to pay. Look at anybody on Medicaid they can sacrifice like the [rest] of the tax payers and go without a few [luxuries] and pay into the system.</p> | | | X | | | DOH | <p>Federal law generally prohibits copays for children and pregnant women on Medicaid. DOH included in the 1115 ACO Waiver a request to increase client copays. It does not appear that CMS will approve that request.</p> |
| Suggested Changes to Dental Benefits | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Simplifying [dental] claims processing. | | | | X | | DOH | DOH has moved to electronic receipt and payment of dental claims. In addition, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental benefits will be offered through private dental plans. |
| Suggested Changes to Dental Benefits | | | | | | | |
| [Fund] Dental Care. | | | X | | | | Legislature - appropriations |
| Reduce Time Waiting on the Phone to Talk to Medicaid Eligibility | | | | | | | |
| When families call Central Region Eligibility Service Center to talk to an eligibility work, sometimes the wait time can take more than 30 minutes. On occasion, the call gets disconnected. Please reduce the wait time. | | | | X | | DWS | Call wait times have significantly decreased. Average wait time for all inbound calls are currently 18 minutes. DWS feels that these wait times are acceptable. |
| The way the phone interview process is set up. Clients have to wait on the line for a long time (45 minutes to 1 hr) to long to be on hold. On the reservation some people don't even have phone and some don't even know how to use phone (elderly). | | | | X | | DWS | Call wait times have significantly decreased. Average wait time for all inbound calls are currently 18 minutes. DWS feels that these wait times are acceptable. |
| Customer Service phone time. | | | | X | | DWS | Call wait times have significantly decreased. Average wait time for all inbound calls are currently 18 minutes. DWS feels that these wait times are acceptable. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| The waiting time when calling in on the customer service line. | | | | X | | DWS | Call wait times have significantly decreased. Average wait time for all inbound calls are currently 18 minutes. DWS feels that these wait times are acceptable. |
| Change the Eligibility Criteria | | | | | | | |
| Expanding the program to include a greater proportion of the population is a great error in my opinion. | | | X | | | | The federal Affordable Care Act expands Medicaid to nearly all individuals with incomes under 133% of the federal poverty level. DOH estimates that Medicaid enrollment will increase by 110,000 individuals in 2014. |
| Implement Medical Home Model | | | | | | | |
| Timely access to a primary care provider through the implementation of a patient-centered medical home model. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Focus More on Prevention and Wellness | | | | | | | |
| We do not have a prevention and wellness emphasis for adults on Medicaid. Utah should examine where prevention and wellness programs and screenings will make sense for Utah Medicaid beneficiaries. | | | | X | | DOH | DOH is reviewing its strategic plan and goals. One proposed goal involves improving the health of Medicaid clients while keeping the growth of expenditures at a sustainable level. As part of that goal, DOH is discussing the appropriate role of prevention and wellness programs for Medicaid clients. |
| Community Based Long Term Care | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

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|--|----|---------|----------|------------|------|------|---|
| <p>Work harder to eliminate the institutional bias for long term care.</p> | | | | X | | DHS | <p>The common theme of the suggestions related to the Department of Human Services (DHS) involve emphasizing and funding community based alternatives to institutional care. DHS supports this approach and has implemented the policy directions of the legislature within available appropriations. Other recommendations from this survey related to DHS are generally addressed by this emphasis.</p> |
| Mental Health | | | | | | | |
| <p>We have found in Intermountain Healthcare that integrating mental health services into our primary care practices has improved outcomes, increased satisfaction, and cut [emergency room] costs significantly. I'd suggest that [University of Utah] and Intermountain (and other large groups – Granger Clinic, Wasatch Pediatrics et al.) work with Medicaid so that the mental health providers located in their primary care clinics can provide services along with locally contracted providers such as [Valley Mental Health]. This is one way to decrease [emergency room] expense.</p> | | | | X | | DOH | <p>Mental health is not part of the 1115 ACO Waiver proposal that would bundle other services. Additional discussion would be needed with the community, providers, policy makers, etc. to determine if an amendment should be submitted in the future to include mental health in an ACO.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|-------------|---|
| Fraud, Waste, and Abuse Issues | | | | | | | |
| <p>Hopefully with the \$3.3 Million FY 2011 state appropriation for the fraud, waste and abuse, the [Department of Health] is purchasing a new detection system. This added system will give Healthcare Financing improved tools to detect and mitigate patterns of fraud, waste and abuse in Utah. Under Federal Health reform, there are additional resources available to states (up to \$10 Million per year) for each year between 2011 and 2020 to improve states' efforts to improve its detection of fraud, waste, and abuse. Utah should pay attention to these additional federal resources as our program's efforts to detect fraud, waste and abuse are better understood.</p> | | | | X | | OIG | <p>When OIG was still part of DOH, Program Integrity staff identified the federal Medi-Medi system as a viable alternative to the State purchasing its own system. OIG is in the process of implementing this system. Two employees have been scheduled to attend Medi Medi training and will serve as facilitators for our implementation.</p> |
| Make Sure Only Truly Needy and Eligible Receiving Medicaid | | | | | | | |
| <p>Making sure recipients are truly in need before giving benefits.</p> | | | | X | | DWS/ DOH | <p>Medicaid policy requires a variety of verifications to determine a client's citizenship status, income, etc. DWS and DOH are in discussions with a vendor that would review client information to identify flags for potential fraud, waste, or abuse.</p> |
| Change Requirements for Medicaid Clients | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| <p>Have those that use Medicaid, to have them do work within the Medicaid system, maybe 20 hours a month. If kids are on it, than have the parents work for those benefits. Example: volunteer at schools, community clean up, [administration] work, it can be anything.</p> | | | X | X | | DOH | <p>DOH has submitted an amendment to its existing 1115 PCN Waiver in order to create a pilot program that would require 8 hours of community service each month. CMS must approve this amendment before this pilot can begin.</p> |
| Provide Vision Services | | | | | | | |
| Fund vision. | | | X | | | | Legislature - appropriations |
| Provide Hearing/Speech Services | | | | | | | |
| <p>Funding for cognitive and swallowing services (speech-language pathology) and audiology services (hearing and balance) have been cut with no date for restoration of funds. Survivors of moderate to severe traumatic brain injury often turn to Medicaid for funding after insurance and other sources run out. This population is only served in the [physical therapy] and [occupational therapy] realm, which only treats part of the problem. Without treatment for cognitive, hearing/balance, speech, or swallowing deficits, these patients stay on tube feedings longer, require more supervised care, and have difficulty functioning independently.</p> | | | X | | | | Legislature - appropriations |
| Health Information Technology | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Better use [health information technology] and [health information exchange] can improve Medicaid administrative efficiency. Utah Medicaid was instrumental in developing [Utah Health Information Network's] administrative data exchange. Utah Digital Health Commission suggests that Medicaid uses [health information technology] more broadly. | | | X | | | DOH | House Bill 46 (Menlove) would require Medicaid and CHIP clients to have their information in the clinical health information exchange. If passed, this bill would advance the use of HIT in these programs. |
| Limit Amount of Time Someone Can Receive Medicaid | | | | | | | |
| It seems to me that the Medicaid program encourages people to stay on State [assistance] rather than being a stepping stone to a better life. There are families that are on Medicaid from one generation to another. I think there should be a limit on the amount of time a [person] can [receive] Medicaid assistance in their life time. | | | X | | | | Federal law does not currently allow a lifetime limit on Medicaid benefits. A change similar to what was done with Welfare Reform would be needed to implement this recommendation for Medicaid. |
| Reduce Inappropriate Emergency Room Use | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|---|
| <p>Reduce inappropriate emergency room use by allowing hospitals to triage and refer patients to their [primary care provider] for follow up - Expanding on Medicaid's Restriction program, which allows health plans and [fee-for service] to redirect frequent emergency room users to their [primary care provider] for care, Utah should implement a program that would allow [emergency room's] to triage and refer non-emergent issues to a patient's [primary care provider] or urgent care center. New Mexico began using this program in May 2010. Emergency rooms are reimbursed a triage fee for non-emergent issues and refer the patient to their [primary care provider] or an urgent care center for follow up. The patient signs a form stating they have been presented with both options of care. If they accept financial responsibility, they may receive treatment in the emergency room. Utah Medicaid saves, on average, \$1,080 per visit for every [primary care provider] visit in lieu of a non-emergent trip to the [emergency room] (Stewart, Salt Lake Tribune, 6/16/10). Allowing hospitals to refer patients with nonemergent</p> | | | | X | | DOH | <p>As a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/</p> |
| Pay Providers Based on Performance | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| The State could consider piloting alternative reimbursement models, compensating groups for outcomes and not just fee-for-service. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service. |
| Compliments | | | | | | | |
| Medicaid does a good job where I am at [rural health clinic]. | | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Primary Care Network Comments | | | | | | | |
| [Primary Care Network] needs to cover primary care procedures. | | | X | | | DOH | Existing funding for PCN is spread across many needs - prescriptions, emergent needs, dental care, etc. Additional funding would be needed to add services to the program. |
| Rewards for Clients | | | | | | | |
| Find a creative but humane way to reward patients for going to non emergency room urgent care (like Instacare and Kids care) instead of the [emergency room] for care that does not require [emergency room] care. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Clients will earn incentives if they take appropriate care of themselves. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| 2. WHAT ARE WE DOING NOW THAT IS WORKING WELL AND SHOULD BE EXPANDED? | | | | | | | |
| Specific Administrative Effort | | | | | | | |
| Prior authorizations required for expensive medications. | | | | | X | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| We have been working on making it easier to apply, these efforts should continue. | | | | X | | DWS | Customers have many access points at DWS. DWS and DOH are looking at technology to make the application and renewal process easier for our customers. |
| Contracting with [private] sector administrators to lower the [per member per month] cost. | | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Looking into fraud and ways to save money. Being fiscally responsible is always important in making sure the right people get the funding needed. | | | | X | | DOH | See previous answer |
| Direct Deposit. | | | | | X | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---|
| <p>One of the good things we are currently doing in Medicaid that is holding costs down is the gate keeping feature in the New Choices Waiver program. Currently it requires a person be in a nursing home for 90 days prior to qualifying for the New Choices waiver and being able to return to the community for services that Medicaid will pay for. Many people want to get rid of the 90 day requirement. Eliminating the 90 day requirement will open the flood gates and cause the woodwork effect and overload the Medicaid system to the point where that state cannot afford the program anymore. The 90 requirement keeps that program in check and validates the legitimacy of qualifying for the services.</p> | | | | | X | DOH | See previous answer |
| <p>The Medicaid client restriction plan should be expanded to slow doctor shopping.</p> | | | | X | | DOH | See previous answer |
| <p>Risk based contracts with private providers- we should look at expanding this to all or most providers/networks.</p> | | | | X | | DOH | Through the 1115 ACO Waiver, medical care in Utah, Salt Lake, Davis, and Weber counties will be moved to risk based contracts. In addition, non-mental health pharmacy benefits, which are currently all fee for service, will be included in the risk based contracts. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|---|
| <p>You are up to date on electronic fund deposit remittance advices etc This helps a lot Your customer service unit are helpful and we are happy that we can fix some things with a phone call.</p> | | | | | X | DOH | <p>Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today.</p> |
| Specific Service | | | | | | | |
| <p>If you haven't visited this program you should, the best thing that is happening to save Medicaid dollars, [Supplemental Security Income] & [Social Security Disability Insurance] and get people back to work, Utah Work Incentives Program or have them present at a hearing http://www.usor.utah.gov/specialized-services/employerresource-center/utah-benefits-planning-assistance-and-outreach-program-bpao-work-incentive-planning-andassistance-program-wipa.</p> | | | | X | | DOH | <p>Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. For additional information see www.workabilityutah.org</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Expand Mandatory Managed Care Into Rural Counties - Managed care has been proven to be a successful means for managing costs and providing better care. Utah’s historical use of managed care for Medicaid enrollees, including [aged, blind, disabled] and [Supplemental Security Income] eligible populations, has helped us maximize our Medicaid dollars. Converting the Molina contract back to a risk based contract was also the right step in order to optimize potential savings. A 2009 study by The Lewin Group “noted that the [fee-for-service] setting model makes coordination of care and cost-containment difficult, while health plans create savings opportunities without reducing eligibility and benefits (AHIP Press Release, Lewin Group Finds, 5/20/09).” One state found their “health plan enrollees [were] much more likely to receive many critical preventive services than beneficiaries enrolled in [fee-for-service] Medicaid. For example, 71 percent of women enrolled in Medicaid health plans were screened for cervical cancer within the past three years compared to 39 percent in [fee-for-service] (The Lewin Group, Medicaid Managed Care</p> | | | | X | | DOH | <p>As health plans expand their networks into rural counties, DOH has authorized the plan to be offered to Medicaid clients. Molina Healthcare of Utah was recently authorized to expand into additional rural counties.</p> |
| Customer Service | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| You have a most helpful support staff when we call with billing questions. | | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Pharmacy Efforts | | | | | | | |
| [Preferred Drug List] –expand classes and/or implement a formulary. | | | | X | | | Federal law prohibits formularies for Medicaid. However, DOH has been very successful in operating a preferred drug list (PDL), which saved Medicaid \$27 million in FY 2011. |
| Fast Reimbursement | | | | | | | |
| Reimbursement time for the provider is very good. | X | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Mental Health Services | | | | | | | |
| The mental health system we have set up is one of the best in the country - FUND IT MORE, especially for children! | | | X | | | | Legislature - appropriations |
| Eligibility | | | | | | | |
| [Department of Workforce Services] Eligibility Services Division – greater access to case-workers, implementation of eREP and other IT improvements. | | | | | X | DWS | DWS offers multiple access points: phones, online or in-person at one of our centers. eREP has been successfully implemented and DWS continues to look at technology enhancements to improve access for our customers. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|------------|-------------|---------------|------|------|------------|
| Love the 800 line to review application with [Department of Workforce Services] Eligibility Specialist. I have found them to be extremely knowledgeable and patient with clients. | | | | | X | DWS | Thank you. |
| Dental Coverage | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|------------------------------|
| <p>Dental coverage that we currently have for children and pregnant women is a nice benefit. A strong case can be made for expansion by reinstating basic coverage for the aged, blind and disabled adult populations as well. These are some of our most vulnerable citizens and they currently have no dental benefit. Most do without routine and sometimes emergent dental care due to lack of resources. Evidence has established that there exist oral/systemic links to heart disease, diabetes, and other medical conditions. These medical conditions may have dental disease as a contributing factor or as the direct cause. Currently these conditions are being treated medically when they become serious, and at a very high cost. Basic dental services could lessen the severity of some conditions and prevent some others altogether at a fraction of the cost being paid out for medical treatment.</p> | | | X | | | | Legislature - appropriations |
| Home and Community Based Services | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------------------|---------------|------|------|--|
| <p>Home and community based long-term care services (waivers) are the best investment Utah can make. They are cheaper and far more effective than institution based care. Expand waivers for aging and disability services.</p> | | | <p align="center">X</p> | | | | <p>Legislature - appropriations. Also DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---|
| 3. WHAT ARE WE DOING NOW THAT IS NOT WORKING WELL? | | | | | | | |
| Specific Suggestions for System Improvement | | | | | | | |
| Not giving it enough funding!!! | | | X | | | | Legislature - appropriations |
| Programs are very limited. There is no program for students or single individuals with no dependents. These areas need to be considered greatly. | | | X | | | | The federal Affordable Care Act expands Medicaid to nearly all individuals with incomes under 133% of the federal poverty level. DOH estimates that Medicaid enrollment will increase by 110,000 individuals in 2014. |
| Print on the Medicaid card itself what the patient needs to pay for their co-pay. | | | | X | | DOH | Medicaid medical cards have some copay information on them (e.g., for children, the card says no copay required). |
| Trying to get policies in writing. | | | | | X | DOH | Medicaid provider manuals are available online - www.health.utah.gov/medicaid/manuals/directory.php?p=Medicaid%20Provider%20Manuals/ |
| One way to reduce Medicaid spending is to lower the income level for participation in the program. With fewer people qualifying for Medicaid, expenses should be down. | | | X | | | | Utah has set most of its Medicaid eligibility categories at the minimums allowed by federal law. State law establishes some categories (e.g., aged) at levels above that allowed by federal law. Federal maintenance of effort requirements would prohibit reducing those levels before 2014. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Expanding the program is the worst possible scenario. | | | X | | | | The federal Affordable Care Act expands Medicaid to nearly all individuals with incomes under 133% of the federal poverty level. DOH estimates that Medicaid enrollment will increase by 110,000 individuals in 2014. |
| Not generally available to adult males – many need it. | | | X | | | | See previous answer |
| Eligibility Process | | | | | | | |
| The telephone system does not work well with our non-English speaking clients. Caseworkers from SLC, Utah do not know the circumstances of many rural clients because they've never stepped off the pavement in the metro area! | | | | X | | DWS | DWS offers multiple access points: phones, online or in-person at one of our centers. Eligibility is designed in a statewide model, allowing Eligibility Staff from any area in the state to serve our customers. Translation services are offered to all non-English speaking customers. |
| The length of time it takes for an application to be approved or denied is not working well. | | | | X | | DWS | Applications are generally approved or denied within 30 days. More time can be given to customers applying for Medicaid, if needed, to gather information. Currently, days to decision for all medical programs is approximately 18 days. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>Most clients I deal with are not emotionally or physically able to understand what is needed of them and how to provide it to the Medicaid offices. One case, I had a client who was sent to four different [Department of Workforce Services] offices, only to be turned away each time for not being at the right office or having the wrong information. Had one employee taken the time to LISTEN and guide him, he would not have come storming into my office frustrated and angry. He rides the bus and this cost him a lot of money to run around town and get to the right office. I eventually was able to help him, but it took me 3 days and several phone calls to straighten out his case. I'm not sure what is the best solution to fix this. Many clients complain that they leave the [Department of Workforce Services] office without a true understanding of how the process works or what they need to do.</p> | | | | X | | DWS | <p>Customer Education is an expectation for all DWS Eligibility Specialists. DWS has resources to assist Eligibility Specialists to ask for necessary verification for Medicaid Programs (Specialized Interview Guide). Our goal is to assist the customer thoroughly at each contact. DWS acknowledges the eligibility process can be complex for customers and apologize for this particular customer experience. DWS is currently developing technology for customers to grant 3rd party representative and/or provider access, which will give customers more options for assistance.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|---------------------|-----------------------|-------------|-------------|---|
| Calling in for interview, people don't have [a] phone in [their] home, on the reservation it [is usually] a phone and they call in for interview and put on hold for 45 [minutes] to 1 [hour]; Elderly don't know how to use phone. Apply on line: reservation people don't have access to internet. | X | | | | | DWS | DWS offers multiple access points: phones, online or in-person at one of our centers. Eligibility is designed in a statewide model, allowing Eligibility Staff from any area in the state to serve our customers. Native American customers receiving assistance have recently been specialized under one team in DWS. We expect specialization, in conjunction with related outreach activities, will improve services to this population. |
| Applications are sometimes closed or denied because when families fax required verification to the Centralized Image Center, the documentation gets lost. | | | | | X | DWS | DWS Imaging Operations has improved fax to imaging technology which reduces possibility for lost documents. |
| Providing reasonable avenues and processes for enrollment and renewal. The current process provides a disincentive for patients to enroll and stay enrolled, thereby worsening their health and causing higher costs to the state when they get really sick. | | | | X | | DWS | DWS and DOH are exploring ways to improve/streamline the application/renewal process. Additionally, new technology allows customers to renew online. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Utah should simplify the Medicaid eligibility process with the removal of the asset test for parents, children, and pregnant women under existing guidelines and consider 'continuous eligibility' for a 12 month period, similar to [Children's Health Insurance Program]. | | | X | X | | DWS/ DOH | Legislature - appropriations. DWS and DOH are exploring ways to improve/streamline the application/renewal process for verifying assets so that administrative barriers can be reduced while still maintaining program integrity. |
| Specific Services | | | | | | | |
| Not paying for circumcision. | | | X | | | | Legislature - appropriations |
| [Emergency room] usage as a convenience. | | | | X | | DOH | As a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/ |
| Prior Authorization/Obtaining Authorization | | | | | | | |
| Can never get paid for our sterilizations. I fax the consent in at least 10 times before it is processed. [Ridiculous]! | | | | X | | DOH | The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---------------------|
| For some time [authorizations] were going smooth and for the past 3 months we have had major issues. We have not [received] some [authorizations] we submitted for 2 months ago. [It] is also very difficult to have communication with the authorization department. | | | | X | | DOH | See previous answer |
| Prior [Authorizations]. | | | | X | | DOH | See previous answer |
| Prior authorization system is difficult to navigate. | | | | X | | DOH | See previous answer |
| Preauthorization for common procedures like cholecystectomy and common medications like proton pump inhibitors is a waste of my office staff's and your administrative time. | | | | X | | DOH | See previous answer |

Reimbursement Levels

| | | | | | | | |
|--|--|--|---|--|--|--|------------------------------|
| Looking to provider reimbursement cuts would hamper Medicaid participation and limit the quality of care patients would receive. If only certain groups take Medicaid, then it is harder for patients and their families to get timely and easy to schedule appointments. It also overwhelms the providers and makes more of a wait to get in. | | | X | | | | Legislature - appropriations |
| Reimbursement levels. | | | X | | | | Legislature - appropriations |
| Reimbursement. I understand the state is paying for these services but as a provider we lose money and that is not fair to us. | | | X | | | | Legislature - appropriations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|------------------------------|
| Poor reimbursement to providers for sick visits. | | | X | | | | Legislature - appropriations |
| <p>Low reimbursement rates to providers. The best way to provide dental treatment to Medicaid recipients is through private dental providers. A large network of providers is already in place. If each provider was able to provide some Medicaid treatment then patients seeking treatment could quickly and easily be seen, and they would have a “dental home” to oversee their dental care. Unfortunately, Medicaid dental reimbursement in Utah is approximately 30-35% of usual fees, while typical dental offices operate at 50-80% overhead. The low reimbursements simply do not cover the cost of providing treatment, and dental offices must subsidize the treatment of Medicaid patients. Consequently, most cannot afford to treat Medicaid patients. Those who do cannot provide very much care because of the need to subsidize treatment. Even pediatric dentists who see the bulk of private care patients are dropping off as providers or are offering less service.</p> | | | X | | | | Legislature - appropriations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Differential reimbursement. Currently those [dental] providers seeing more than 100 Medicaid patients a year, or those providing care in rural locations, receive an enhanced reimbursement. Even though the enhanced reimbursement generally does not cover the cost of providing service, the offices that are willing to treat some Medicaid clients but cannot afford to treat the higher number to qualify for the enhanced reimbursement, are essentially further penalized for trying to treat Medicaid clients. The ideal solution would be for every office to treat some Medicaid; providing the enhanced reimbursement to every office willing to treat Medicaid clients would be an easy gesture by the State to encourage this.</p> | | | X | X | | DOH | <p>Additional appropriations would be needed to raise all reimbursement rates. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental rates will be set by the private dental plans. The plans will determine how to best reimburse contracted dentists for their services.</p> |
| Dental Services | | | | | | | |
| <p>We need to recognize that dental [is a] basic core [need], not optional services. [It] should be moved to the base budget and guaranteed funding every year. Too many are seriously harmed when these services are not funded.</p> | | | X | | | | <p>Legislature - appropriations</p> |
| Pharmacy Problems | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Covering name brand medications that have a generic equivalent. | | | | | X | DOH | When there is a generic equivalent, Medicaid only covers brand name medications if the brand name is cheaper than the generic. |
| Prescription price updates are unacceptably slow. | | | | X | | DOH | DOH has changed vendors for its pharmacy pricing updates. DOH hopes that the new process will result in more timely updates to prices. |
| Closing the pharmacy help desk phone lines down on Thursday mornings and all day on Friday limits our ability to help Medicaid clients. This jeopardizes their health when we cannot get problems resolved for several days at a time. | | | | X | | DOH | Now that the State has moved back to a five day work week, the pharmacy claims team line is open on Fridays. |

Medical Homes

| | | | | | | | |
|--|--|--|--|---|--|-----|--|
| We are not actively trying to prevent emergency room visits and I think if all patients were required to have a medical home and contact them prior to a visit to the [emergency room] could cut costs. Often times things are not an emergency and offices may have after hour clinics. Triage is very important either in the Medical home or through the emergency room itself. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
|--|--|--|--|---|--|-----|--|

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---------------------|
| <p>Medical homes is an area that the Utah [Children’s Health Insurance Program] and Medicaid programs have some established programs for children with special needs, and a new [Children’s Health Insurance Program] special grant pilot for children with special needs in Utah and Idaho that will begin in FY 2011. Utah should want to take advantage of new state plan option (available in 2011) under the new federal reform to permit Medicaid enrollees with a least two chronic conditions (with one being a serious or persistent mental health condition) to designate a provider as a health home. States taking up this option are provided with a 90% FMAP for two years for home health related services including case management, care coordination, and health promotion. For those with multiple chronic conditions, it may give our state another way to improve our quality of care and cost containment.</p> | | | | X | | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| No required [primary care provider] (pediatrician, family practice or general internal medicine physicians) to review outside care and to control referrals and multiple medications. [Obstetricians] could be [primary care provider] only for pregnancy care. | | | | X | | DOH | See previous answer |
| Billing Problems/Suggestions | | | | | | | |
| Secondary claims process has to be dropped to paper so that you can write on the HCFA what the primary insurance paid then if the primary paid zero you have to attached the EOB. For any J code that is billed Medicaid requires that we drop the claim to paper so that we can write in the NDC# This is not required by any other insurance company including Medicare. | | | | | X | DOH | Medicaid does not require a provider to drop to paper for either reporting primary insurance payment or for reporting an NDC. The electronic format allows for reporting of both circumstances. |
| We have always had problems billing Medicaid as a secondary insurance carrier. It seems even with the codes in the [explanation] area we still receive payments as though Medicaid is the primary which is very costly to Medicaid it is costly to us to correct the problem is very frustrating as well as time consuming. | | | | | X | DOH | Medicaid strongly recommends that providers bill their secondary claims electronically. If the information is entered on a paper claim, there is room for keying errors. Given examples we would gladly work with our keying contractor to remedy the problem. |
| Client Education | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Insulating the participants from the increasing costs of healthcare. Not providing incentives for healthy behavior. | | | X | X | | DOH | Federal law limits the copays we can charge Medicaid clients. Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Clients will earn incentives if they take appropriate care of themselves. Through the waiver, DOH also asked to increase certain client copays but it does not look like CMS will approve those increases. |
| Communicating with clients exactly the how, what, where and when. When clients call me they are confused and frustrated by the system. They feel they are not being educated properly on how the Medicaid System works and if they are initially denied benefits, what to do to appeal. | | | | | X | DWS | Right to Appeal/Fair Hearing is included with every notice sent to customers. |
| Vision | | | | | | | |
| We need to recognize that vision and physical therapy are basic core needs, not optional services. They should be moved to the base budget and guaranteed funding every year. Too many are seriously harmed when these services are not funded. | | | X | | | | Legislature - appropriations |
| Prevention | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>Money used in PREVENTION goes a lot further than — and saves us —the money needed for TREATMENT. (Which is why I fear the few millions we cut from the [Health and Human Services’] budget will really cost us 10-fold or more!)</p> | | | | X | | | <p>DOH is reviewing its strategic plan and goals. One proposed goal involves improving the health of Medicaid clients while keeping the growth of expenditures at a sustainable level. As part of that goal, DOH is discussing the appropriate role of prevention and wellness programs for Medicaid clients.</p> |
| Division of Services for People with Disabilities | | | | | | | |
| <p>The [Division of Services for People with Disabilities] waiting list is not working well. Because the Legislature has determined that only the most critical should be served first, others on the waiting list languish, experiencing declining health and losing skills. Families break apart under the stress of caring for their family member with disabilities.</p> | | | X | | | | <p>Legislature - appropriations</p> |
| Medically Fragile Children | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|------------------------------|
| <p>Need waivers that would allow parents who have medically fragile children besides Travis Calson Waiver to allow parents to work at a higher wage, pay into the Utah system and pay taxes to help our economy but be able to pay the [incredible] medical bills needed by Medicaid, maybe a fee structure that these parents could pay into. So they don't have to have a job that is underpaid and they are not paying taxes so their child can be on Medicaid services to get needed medical care.</p> | | | X | | | | Legislature - appropriations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|------------------------------|
| <p>Medicaid Waivers would work well for individuals if the criteria for receiving these services were looked at more closely and/or changed. There are many families with medically fragile disabled children that do not qualify for these services due to the current qualification criteria. These children require 24/7 care, are in and out of hospitals, require multiple supplies, therapy services, nutritional needs, and durable medical equipment to maintain life and daily cares but do not qualify due to the fact that their IQs are equal to peers of their own age. Many families in this situation are overwhelmed and in financial hardship trying to maintain the daily costs to care for their children, whereas some individuals who qualify under the current qualifications do not have the extreme medical costs required to maintain life. Many of these families with medically fragile children run into problems associated with making just above the income level for regular State Medicaid, but do not make enough money to cover the required costs to care for their children.</p> | | | X | | | | Legislature - appropriations |
| Primary Care Network Issues | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>[Primary Care Network] is a waste of time. We need a program that helps people when they really need it-eg Appendicitis, Gallbladder [surgeries] etc. We eat most of those. The [Primary Care Network] people still think that everything is covered even although education has been good in that field. I believe they expect write offs because they have [Primary Care Network].</p> | | | X | | | DOH | <p>PCN is a limited benefit program that was created to provide primary care services to an adult population that was previously only eligible for emergency state funded services. Existing funding for PCN is spread across many needs - prescriptions, emergent needs, dental care, etc. Additional funding would be needed to add services to the program.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|--|
| 4. HOW EFFECTIVELY ARE OUR CURRENT SERVICE MODELS SERVING THE NEEDS OF MEDICAID CLIENTS? | | | | | | | |
| Specific Concerns | | | | | | | |
| Not too well, given that we have waiting lists for Medicaid funded services that extent over decades, while nursing homes are immediately available, at higher costs. | | | X | X | | DOH | DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million. Further, a legislative appropriation would be necessary |
| Our rules of serving those with the most severe disabilities first means that a very few eat up all funding--we need a more equitable way to distribute funding so we can prevent problems from becoming critical needs. | | | X | | | | Legislature - appropriations |
| From a pharmacy standpoint, too effectively. I often see patients come in and demand a name brand prescription just to have Medicaid approve it. | | | | | X | DOH | When there is a generic equivalent, Medicaid only covers brand name medications if the brand name is cheaper than the generic. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|-------------|---|
| <p>They would be far more effective if legislators would stop funding institutions over institutional care. More focus on community supports.</p> | | | X | | | DOH | <p>DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million. Further, a legislative appropriation would be necessary</p> |
| <p>It seems as though recipients can manipulate the system very well and not get caught. A lot of abusers out there.</p> | | | | X | | DWS/ DOH | <p>Medicaid policy requires a variety of verifications to determine a client's citizenship status, income, etc. DWS and DOH are in discussions with a vendor that would review client information to identify flags for potential fraud, waste, or abuse.</p> |
| <p>Prior approval is not allowing providers to attend to patients needs. Providers are dropping the service in home health.</p> | | | | X | | DOH | <p>The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| [Primary Care Network] is the only one we have problems with. | | | X | | | DOH | Existing funding for PCN is spread across many needs - prescriptions, emergent needs, dental care, etc. Additional funding would be needed to add services to the program. |
| Service models that revolve around fee-for-service often do not meet specific needs of clients due to incentives that run counter to provider and patient best interest, particularly in long term care arena. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service. DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million. Further, a legislative appropriation would be necessary |
| Good/Fairly Well/Fine | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| They work pretty well. I have heard clients say that they have trouble going online to apply for your [programs]. | | | | X | | DWS | Feedback on DWS' myCase system is mostly positive. DWS solicits input from customers in designing enhancements. DWS is currently developing a new, interactive and dynamic on-line application with a projected launch of spring/summer 2012. |
| General Comments | | | | | | | |
| I think adding the 800 number to initially qualify candidates is working great. | | | | | X | DWS | Thank you. |
| Medicaid seems to do well for babies and pregnant/nursing mothers, with prenatal care, immunizations as well as [the Women, Infants and Children Program]. Specifically designed to help healthy moms have healthy children. This kind of attention to detail is exactly the kind of continued aid we need to be giving. | X | | | | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| [Community Health Centers] and affiliated providers are very effective and provide excellent service to clients. | X | | | | | | We concur. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|-------------|---|
| <p>Too many people are receiving Medicaid benefits. I frequently see Medicaid clients driving very nice/expensive cars and getting free Medicaid services. More thorough investigations should be done to determine client eligibility and benefit levels.</p> | | | | X | | DWS/ DOH | <p>Medicaid policy requires a variety of verifications to determine a client's citizenship status, income, etc. DWS and DOH are in discussions with a vendor that would review client information to identify flags for potential fraud, waste, or abuse.</p> |
| Dental Problems | | | | | | | |
| <p>As a dentist, I notice a few areas that need improvement to meet the needs of patients. Giving a stainless steel crown to anyone and calling it a permanent crown is substandard care. Crowns should be covered to prevent future expenses related to the care given that is required by Medicaid. Root canals on some teeth are paid for by Medicaid, yet they do not pay for the crown afterwards. Again, it forces substandard care that becomes a temporary fix.</p> | | | X | | | | <p>Legislature - appropriations</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|--|
| <p>Family Dental Plan turns away dental emergencies almost every day, and those private practitioners who currently provide treatment are overwhelmed by the demand. Efforts need to be made to expand capacity. We suggest that more dental offices be enabled to afford to see at least some Medicaid, thereby increasing the provider base.</p> | | | X | X | | DOH | <p>Additional appropriations would be needed to raise current reimbursement rates and thereby entice more dentists to participate. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental panels will be determined by the private dental plans. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates to dentists and enroll additional dentists.</p> |
| <p>There is an entire segment of the Medicaid client base that currently has no dental benefit. Being left to fend for themselves, they often seek service for dental pain in the hospital emergency room, where they receive antibiotics and pain medication at great expense to the Medicaid medical budget but seldom receive definitive treatment. Safety net clinics, such as Donated Dental and the Community Health Clinics are currently overrun with these patients and are usually unable to see most of them because of limited capacity and resources.</p> | | | X | | | | <p>Legislature - appropriations</p> |
| Reimbursement Rates | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|---|
| <p>Medicaid clients are forced into using [a health maintenance organization] for [services] and not allowed to select the [lowest] cost provider. This would be solved if all services were comparably reimbursement regardless of provider.</p> | | | | X | | DOH | <p>Lowest cost provider is a provision of the ACO Waiver request.</p> |
| <p>We should make a sound commitment to all our providers in Medicaid with reasonable reimbursement rates. Utah responds to budget pressures with provider cuts, but it is poor program planning and a blunt instrument for the providers willing to serve these populations.</p> | | | X | | | | <p>Legislature - appropriations</p> |
| <p>Higher reimbursement rates have dramatically shown to increase provider panels and access to care.</p> | | | X | | | | <p>Legislature - appropriations</p> |
| Medical Homes | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Access to primary and preventive care continues to be an issue judging by the use of the emergency room for primary care sensitive or ambulatory care sensitive conditions. Increasing access to a primary care “medical home”, in which coordination of care across the health care continuum would reduce inappropriate emergency room use and unnecessary or avoidable hospitalizations for primary care sensitive conditions. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. In addition, as a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/ |
| To see if there are cost saving in new payment models, we should aggressively pursue and pilot many of the demonstration projects that were mentioned earlier. We need to assess our success with the current “Medical home pilots in [Children’s Health Insurance Program] and Medicaid” and consider some other projects, such as the State plan option for individuals with two or more chronic conditions to designate a provider as a health home under [the Patient Protection and Affordable Health Care Act]. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Medical Home is a best practice model. We need to improve doctor and Medicaid patient relationship. | | | | X | | DOH | See previous answer |

Telemedicine

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>“Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care.” – http://www.cms.gov/Telemedicine Utah Medicaid currently makes very little use of telehealth as a means to deliver cost-effective services to clients.</p> | X | | | | | DOH | <p>DOH has a Telemedicine program. This program covers children with special health care needs, mental health services and diabetics. Expansion of the program depends on meeting very strict CMS criteria. Cost effectiveness is a difficult aspect to substantiate.</p> |
| Specific Problems/Suggestions for Medicaid Eligibility | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---|
| <p>Workforce Service screens everyone by using a computer system. However, if you are low income or have a disability yourself, you do not own a computer. You can go to Workforce Services and use their computers but if you don't own a computer you are usually not computer [savvy], may be at a low reading level (thus without a job) and have difficulty making it through the first level of screening. If you have a child with significant health needs it may be difficult. The [Department of Workforce Services] Case Workers are generalists and not very [familiar] with the ins and outs of Medicaid and the difference between someone who has a disability, a medically fragile or needy child, a single mother or an out of work father all requiring different items. Because screeners and first line workers or customer service workers are not paid much they tend to leave this position quickly and do not treat the clients very well or have much knowledge. Please treat the clients with respect.</p> | | | | | X | DWS | <p>DWS has many access points: online, phone and by visiting one of our centers. Staff are available in our centers for individual assistance. Our Eligibility Specialists have resources to assist with more complex programs (i.e. Specialized Interview Guide). Customers who typically need more assistance (Aged/Blind/Disabled, Long-Term Care, Spanish-speaking and Outreach) are specialized. DWS is currently developing technology that will allow customers to grant myCase access to 3rd party representatives and/or providers, which will provide customers with additional assistance.</p> |
| <p>When clients get on the program services it good, it [is] the process to get on the programs.</p> | X | | | | | DWS | <p>DWS acknowledges that the Medicaid eligibility process is complex.</p> |
| Prevention/Intervention | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| In 2007, according to [Department of Health] Indicator Based Information System data, Medicaid was billed \$10.2 M in “treat and release” and \$17.1M in “treat and admit” ambulatory sensitive conditions. [Ambulatory sensitive conditions] are defined as conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. | X | | | | | DOH | Medicaid operates the Early Periodic Screening Diagnosis and Treatment program for children which is focused on prevention. In addition, through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Survivors of Traumatic Events | | | | | | | |
| Not effectively for areas of rehabilitation for survivors of traumatic events such as stroke and traumatic brain injury. These funds are some of the first cut and only restored in times of plenty. Despite budget cuts, these services are still necessary for promoting recovery in return to daily living and employment. If these services can help patients get back to independent living, they have the potential of becoming part of the tax base system once again. | | | | | X | DOH | Depending on the severity of the stroke, inpatient rehabilitation can begin as soon as practicable. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|---|
| <p>The current models of case management for people with [traumatic brain injury] are not as effective as they could be. People with [traumatic brain injury] have needs along a continuum of immediate medical stabilization, then skills recovery, and, too often, long term support. The Medicaid program in Utah skips the middle, and people have longer and more severe deficits as a result.</p> | | | | X | | DOH | <p>DOH currently has an acquired brain injury waiver. This waiver allows individuals to remain in their homes or other community based settings. Individuals are able to live as independently as possible with supportive services provided through this waiver.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|-------------|---|
| 5. WHAT SERVICE MODELS WOULD BETTER SERVE THE NEEDS OF MEDICAID CLIENTS? | | | | | | | |
| Individualization of/Improve Case Management | | | | | | | |
| I still feel because of their medical background the Dept. of Health was a better start for the client to access first time. | | | | X | | DWS/ DOH | Up to 2007, both DOH and DWS had eligibility specialists. In 2007, DOH's eligibility specialists were moved to DWS. As a result clients have access to a broader array of services with less transferring of their cases. However, there is now less specialization on the medical assistance programs. |
| One person to coordinate services and approval for each patient, who understands the background and specific needs of each client. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Restrict more clients to one pharmacy, one doctor to stop "shopping" and abuse. | | | | | X | DOH | Utah Medicaid has a Lock-In program which restricts clients to just one doctor and one pharmacy. Potential Lock-In clients are being reviewed for placement in this program. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--|
| Better [accommodate] the clients by showing them they are trying their hardest to get them on some type of Medicaid. | | | | X | | DWS | DWS has many access points: online, phone and by visiting one of our centers. Staff are available in our centers for individual assistance. DWS Eligibility Specialists have resources to assist with more complex programs (i.e. Specialized Interview Guide). Customers who typically need more assistance (Aged/Blind/Disabled, Long-Term Care, Spanish-speaking and Outreach) are specialized. DWS is currently developing technology that will allow customers to grant myCase access to 3rd party representatives and/or providers, which will provide customers with additional assistance. |
| Greater access to people who can answer questions. | | | | X | | DWS | See previous answer |
| The new computerization of claims and prior approval that I think is just starting. | | | | X | | DOH | DOH is in the process of drafting an RFP for a new computer system |
| Having some screening process to assess the true needs of patients prior to their seeking direct medical care would likely be helpful in reducing overutilization, but implementation is problematic. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|---|
| <p>Families have a hard time knowing whom to contact for questions. Individual case managers need to be brought back and be educated on the different models/programs. This helps families communicate with one person to ask questions, someone who is well informed on their particular situations and the families feel more comfortable asking questions. It also eliminates families calling different people getting different answers each time.</p> | | | | X | | DWS | <p>DWS has many access points: online, phone and by visiting one of our centers. Our Eligibility Specialists have resources to assist with more complex programs (i.e. Specialized Interview Guide). Customers who typically need more assistance (Aged/Blind/Disabled, Long-Term Care, Spanish-speaking and Outreach) are specialized.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>Medicaid allows targeted case management for [traumatic brain injury] as a state plan service. Utah has not opted to provide this service. The case management that is available in Utah Medicaid is an integral part of a service model, as in [the Division of Services for People with Disabilities] support coordination or mental health case management. Those case managers tend only to know their own system and function as gatekeepers for that agency’s budget rather than facilitating appropriate use of all Medicaid services [available]. As a result, people who have limited ability to make effective choices and who need and use a spectrum of services do not get appropriate, coordinated supports. We feel that many poor health care utilization decisions could be prevented if [traumatic brain injury] survivors with Medicaid had access to a knowledgeable [traumatic brain injury] case manager. This kind of case management could be particularly helpful for those [traumatic brain injury] survivors who also experience mental illness and substance abuse. These three diagnoses frequently occur together, and the systems of support</p> | | | | X | | DOH | <p>DOH currently has an acquired brain injury waiver. This waiver allows individuals to remain in their homes or other community based settings. Individuals are able to live as independently as possible with supportive services provided through this waiver.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|---|
| <p>Utah’s state plan also does not provide inpatient post/acute rehabilitation services. Many people whose medical costs at the time of the [traumatic brain injury] accident exceed their immediate financial resources do not get the services that could help them return to gainful employment and independence. We promote increased long term disability in Utah by not providing this timely, short term assistance.</p> | | | | | X | DOH | <p>The Medicaid state plan covers acute inpatient rehabilitation. Rehabilitation services are also covered in a skilled nursing home setting.</p> |
| Specific Suggestions for System Improvement | | | | | | | |
| <p>State must partner with physicians and hospitals to create models that focus on improving quality outcomes. Savings will follow. New models should not necessarily provide more care, even [though] that might be the case at times, but the improvement of the lives of children with critical long term health care needs.</p> | | | | X | | DOH | <p>Through the 1115 ACO health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-------------------|-------------|-------------|--|
| Eliminate the "most acute need" system for coming off the disabilities waiting list, make it a lottery or better yet, amend the waiver to provide preventive services to all who are eligible. Using "most acute need" creates bad incentives...families have to collapse before any help is given, and then services are horribly expensive. | | | X | | | | Legislature - appropriations |
| A service model that provides a selection of quality care providers at an efficient cost would aid the Medicaid population. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| [Primary Care Network] is a joke. It doesn't pay for primary care procedures that are necessary. So, I can see a patient with regular Medicaid and remove or treat a skin cancer, but if they have [Primary Care Network] they have to pay for it. If you are going to tout [Primary Care Network] as a primary care solution, it needs to cover commonly performed primary care procedures. (This doesn't touch on the wide variety of problems [primary care providers] can't manage, but again that is not the point of [Primary Care Network]. It should cover primary care procedures though.) | | | X | | | DOH | Existing funding for PCN is spread across many needs - prescriptions, emergent needs, dental care, etc. Additional funding would be needed to add services to the program. |

Change Incentives for Clients

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|---|
| If Medicaid imposed a sliding scale of Medicaid co-pays, there would be more cautious use and more careful selection of providers. | | | | X | | DOH | Federal law generally prohibits copays for children and pregnant women on Medicaid. DOH included in the 1115 ACO Waiver a request to increase client copays. It does not appear that CMS will approve that request. |
| Limitations on some level is the only thing to get them to understand that this can no longer be a free ride. | | | X | | | | Under current CMS regulations, client sanctions are limited |
| Patients should be penalized for using the [emergency room] for outpatient services | | | | X | | DOH | All new Medicaid clients are sent a member guide. When they enroll, they have an opportunity to talk to a health program representative or local health liaison in order to better understand their benefits. In addition, clients are provided information about our Safe to Wait program, which encourages appropriate use of the emergency room. |
| Having the patient bear some financial responsibility for seeking medical advice might encourage them to utilize a hotline where they could obtain sound advice concerning their circumstances, at least in many instances. | | | X | | | | CMS regulations are limited in relation to client financial obligations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| [A] [Health Savings Account]/ [Medical Savings Account] model probably has the best chance of both giving freedom to the patient and physician while also providing some financial responsibility for the patient. | | | X | | | | Federal law currently prohibits Medicaid from offering Health Savings Accounts. |
| Patients bear little or no financial responsibility for seeking medical advice; the system encourages overutilization. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. ACOs would direct and manage care. |
| Medicaid [emergency room] visits must require a larger co-pay from ALL Medicaid recipients. | | | | X | | DOH | Currently, Medicaid charges twice the copay amount for the non-emergency use of the emergency room. In addition, the 1115 ACO waiver request asks CMS for the flexibility to significantly increase the copay for non-emergency use of the emergency room. |
| Incentivize patients for seeing a single provider outside of the [emergency room] setting. Like complete coverage of prescribed medications if they came from their primary care provider vs. a co-pay if they come from an [emergency room] or from more than one provider. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Clients will earn incentives if they take appropriate care of themselves and use the emergency room appropriately. |
| Increase Managed Care | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--|
| Closer monitoring of patient that are abusing Medicaid. | X | | | X | | DOH | Utah Medicaid has a Lock-In program which restricts clients to just one doctor and one pharmacy. Potential Lock-In clients are being reviewed for placement in this program. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---|
| <p>Carve-in Pharmacy and Behavioral Health with Managed Care The idea of implementing the medical home model and integrating pharmacy and behavioral health into managed care are closely related. If more time is needed before moving to this model of care, the State should carve-in pharmacy and behavioral health into managed care. To maximize the value of a managed care model, a health plan must be able to see across a member’s continuum of care – not only their medical needs, but their prescription medications and mental health needs as well. For example, a Center for Health Care Strategies study found that “the frequency of psychiatric illness increases from 29 percent to 49 percent when pharmacy data is combined with diagnostic data (CHCS, The Faces of Medicaid III, Oct 2009).” This shows the critical link timely access to pharmacy data has in properly identifying and caring for members with chronic health needs. The close coordination and oversight provided by managed care leads to more seamless, quality care for the member and significant potential savings to the Medicaid program.</p> | | | | X | | DOH | <p>The 1115 ACO waiver request includes the pharmacy benefit with the exception of mental health drugs. Including behavioral health and mental health drugs requires a great public dialogue. This will be a discussion topic for the future.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>Pharmacy Benefit With relation to the pharmacy benefit, a comparison of drug costs under FFS vs. Medicaid managed care found that “[per member per month] prescription drug costs were 10 to 15 percent lower in a capitated Medicaid managed care than in the [fee-for-service] setting, although the [managed care organization] initially started at a 15 percent price disadvantage largely due to Medicaid drug rebates rules (The Lewin Group, Medicaid Managed Care Cost Savings, March 2009).” A claims pricing analysis of Utah’s estimated Medicaid costs compared to what they would be if managed by Molina’s showed an estimated savings of more than \$750,000 for brand name prescriptions and over \$100,000 for generic. The potential savings are even greater now that Medicaid managed care plans are eligible to receive the drug rebates once only available to States.</p> | | | | | X | DOH | <p>When there is a generic equivalent, Medicaid only covers brand name medications if the brand name is cheaper than the generic. With exception of mental health drugs, the pharmacy benefit has been included in the 1115 ACO waiver request.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>Behavioral Health “The behavioral healthcare system has historically been a separate care system, although for many of the individuals served in the public sector, it has also been their principal source of care.” However, providing individuals with behavioral health needs with coordinated, bi-directional care has huge benefits. “The IMPACT model [a form of bi-directional behavioral health care provided in a primary care setting], has been found to double the effectiveness of care for depression, improve physical functioning and pain state for participants and lower long term healthcare costs.” (National Council for Community Behavioral Healthcare, Behavioral Health/ Primary Care Integration & the Person-Centered Healthcare Home, April 2009).” The strain on State resources can be alleviated by tapping into the existing managed care structure rather than maintaining dual programs. By partnering with managed care, the State can move resources to quality oversight vs. maintaining an operation staff.</p> | | | | X | | DOH | <p>The 1115 ACO waiver request includes the pharmacy benefit with the exception of mental health drugs. Including behavioral health and mental health drugs requires a great public dialogue. This will be a discussion topic for the future.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Is it possible and does it make sense to make all of managed care contracts for Wasatch Front counties (Salt Lake, Weber, Utah and Davis counties) risk based contracts? | | | | X | | DOH | The 1115 ACO waiver request will put the ACOs at risk. |
| In our fee-for-service counties (rural) does it make sense to see if the new Accountable Care Organizations may be a better model for improving quality of care and lowering the costs of health care. | | | | X | | DOH | If the ACO waiver works well in the urban countries, the concept will likely be expanded to the rural areas. |
| Creating a gatekeeper model which assigns a patient to a [primary care provider] who is incentivized to actually manage the patient, create access with the patient and provide referrals; if this occurred then patients may use [the emergency room] less and also get hospitalized less; also if members had to pay more for medications prescribed by certain providers – particularly [emergency room] providers – perhaps they would use this avenue less. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Change Rules/Eligibility for Clients | | | | | | | |
| Limit on how long a client can be on Medicaid. | | | X | | | | Federal law does not currently allow a lifetime limit on Medicaid benefits. A change similar to what was done with Welfare Reform would be needed to implement this recommendation for Medicaid. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|---------------------|-----------------------|-------------|-------------|--|
| Client must be able to pass a drug test before [receiving] Medicaid card each month. | | | X | | | | Federal rules would required changing before this criterion could be adopted. |
| Something to help those people who need help for a short period but do not qualify for Medicaid because they own a car, and have a job. | | | X | | | | The Affordable Care Act eliminates asset tests for most people and raises Medicaid eligibility to cover people with higher incomes (up to 133% FPL). |
| We need something to help the single adults most of our charity is for people who are single with no insurance they struggle when they have an emergency eg appendicitis they have no [insurance] and no money what about a [program] like [Utah Medical Assistance Program] for these people? | | | X | | | | The Affordable Care Act expansion includes single adults. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|-------------|---|
| <p>When the system is 'giving people fish instead of teaching them how to catch fish' we are not even treading water! These are people who are children, [invalids], disabled or just letting us care for them. There are plenty of people out of work who could be trained and lots of empty schools or buildings that could be used to teach others skills to help themselves, if only it is how to clean [their] homes and [their] bodies. Let us do something - anything to help them make [their] lives better, give them pride in themselves and make our burdens lighter. The problem comes in making many of them want to learn and change.</p> | | | | X | | DOH | <p>DOH has submitted an amendment to its existing 1115 PCN Waiver in order to create a pilot program that would require 8 hours of community service or job training each month. CMS must approve this amendment before this pilot can begin.</p> |
| <p>The biggest problem is patients having to renew their Medicaid month by month. Quarterly or semiannually makes way more sense. People who have Medicaid are poor. They do not have it together, in general. Asking them to renew their Medicaid every month makes them ineligible for care half of the time.</p> | | | | X | | DWS/ DOH | <p>Most Medicaid customers are required to complete a recertification once per year.</p> |
| Home and Community Based Waivers | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| More focus on home and community based services, based on the Community Choice Act and Money Follows the Person. We especially need a Money Follows the Person model, where people can take their nursing home funding with them to the community, for [Intermediate Care Facilities for the Mentally Retarded]. | | | X | | | | This would require a legislative appropriation |
| More home and community based services. | | | X | | | | This would require a legislative appropriation |
| Greater focus on community based care vs. expensive institutional care for long-term care cases. | | | X | X | | DOH | DOH continues to move eligible individuals to community-based services when possible. In the case of the New Choices Waiver, this move also saves the State money since the community placement is cheaper on average than the nursing home rate. In FY 2011, New Choices enrollment increased by 100, saving the State approximately \$1.3 million. Further, a legislative appropriation would be necessary to expand existing community based services. |
| Medical Home | | | | | | | |
| Patient Centered Medical Home for non-traditional adults and children. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|---------------------|
| <p>Implement Medical Home Model – or as a first step, require [primary care provider] assignments (even in [fee-for service]) Molina firmly believes that a medical home model, or as a first step, requiring Medicaid members to select a [primary care provider] increases the quality of care a member receives and allows payers to shift reimbursement from episodic to value based care. Medicaid members, who traditionally have lower rates of health literacy, higher rates of poor health, and fewer resources than the general population, are not served well by the [fee-for-service] system that relies on a patient’s ability to self-refer. The existing infrastructure within managed care plans would allow states to pilot various levels of the medical home model more quickly and with greater beneficiary care and cost protections than developing an independent service model. Already Molina has partnered with a behavioral health provider in Washington to bring to life the concept of a Person-Centered Healthcare Home. Launched earlier this year, Molina Medical at Compass Health is a revolutionary new treatment center focused on integrating</p> | | | | X | | DOH | See previous answer |
| <p>More emphasis on the patient centered medical home.</p> | | | | X | | DOH | See previous answer |
| <p>Health promotion and prevention through primary care physicians.</p> | | | | X | | DOH | See previous answer |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| All should be in a medical home, where they can be followed closely to assure preventive care and continuity. With the patient always returning to the same caregiver, disease prevention is improved, chronic diseases are better managed and serious complications can often be precluded due to overall improved health of the patients in a medical home. | | | | X | | DOH | See previous answer |
| Medicaid would benefit from a medical home model. | | | | X | | DOH | See previous answer |
| More Helps for Clients | | | | | | | |
| Need Native American interviewer in Salt Lake City, Utah (Phone). | | | | | X | DWS | Native American customers have now been specialized under one team in DWS. We expect this move to improve services to this population. |
| Increase Funding/Provider Reimbursement | | | | | | | |
| More funding. | | | X | | | | This would require a legislative appropriation |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|---|
| An improvement in reimbursement rates and resolution of access issues can allow for better pediatric dental services. | | | X | X | | DOH | Additional appropriations would be needed to raise current reimbursement rates and thereby entice more dentists to participate. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental panels will be determined by the private dental plans. The plans will determine if the overall Medicaid reimbursement for this coverage is sufficient to pay higher rates to dentists and enroll additional dentists. |
| Make sure that the percentage of Medicaid patients does not increase without increasing payment to health care providers. | | | X | | | | The Affordable Care Act will expand Medicaid enrollment and include enhanced reimbursements to physicians in 2013 and 2014. |
| Let's be clear. Medicaid service models DO NOT PROVIDE ANY CARE. That care is exclusively provided by providers and hospitals and, for the most part, providers care for the uninsured and indigent because they need care and not as a revenue source. Medicaid reimbursement barely covers doctors' and hospitals' high overhead costs. | | | X | | | | Additional appropriations would be needed to raise current reimbursement rates. |
| Telehealth | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|--|
| <p>Expand the use of telemedicine, including the use of remote patient monitoring, to address access, quality, and cost issues. Access – telemedicine provides specialty consultations in the face of shortages and maldistribution of coverage in rural and urban areas, and timely coverage for emergencies such as telestroke. Quality – telemedicine delivers the right care at the right time at the right place; supports appropriate triage of patients in emergencies; improves chronic care management. Cost – telemedicine reduces unnecessary (and more costly) ambulance and air transports; reduces patient travel costs; reduces duplication of diagnostic tests; reduces ER visits & hospital readmissions.</p> | | | | | | DOH | <p>DOH has a Telemedicine program. This program covers children with special health care needs, mental health services and diabetics. Expansion of this program depends on meeting very strict CMS criteria. Cost effectiveness is a difficult aspect to substantiate.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---------------------------|
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Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>Expand the use of telemedicine, including the use of remote patient monitoring, to address access, quality, and cost issues. Access – telemedicine provides specialty consultations in the face of shortages and maldistribution of coverage in rural and urban areas, and timely coverage for emergencies such as telestroke. Quality – telemedicine delivers the right care at the right time at the right place; supports appropriate triage of patients in emergencies; improves chronic care management. Cost – telemedicine reduces unnecessary (and more costly) ambulance and air transports; reduces patient travel costs; reduces duplication of diagnostic tests; reduces ER visits & hospital readmissions.</p> | | | | | | DOH | Please see above response |
| Well Child Visits | | | | | | | |
| <p>In many ways, especially the well child arena, these patients are better served than some who are on private health plans. For example, well child visits and immunizations are fully covered.</p> | | | x | | | | <p>Medicaid operates the Early Periodic Screening Diagnosis and Treatment program for children which is focused on prevention. EPSDT is required by federal law. In addition, the Affordable Care Act required that many preventative services be covered without copay in private plans.</p> |
| Miscellaneous Comments | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|---|
| Expand the Medicaid programs like other states. | | | X | | | | The federal Affordable Care Act expands Medicaid to nearly all individuals with incomes under 133% of the federal poverty level. DOH estimates that Medicaid enrollment will increase by 110,000 individuals in 2014. |
| The Digital Health Commission would like to invite a Medicaid representative to attend the Commission’s meetings to better support Medicaid on eHealth initiatives. | | | | | X | DOH | Medicaid has a representative which sits on the committee discussing the electronic exchange of medical records. |
| [My Medicaid patients] will do whatever it takes to prolong the use of narcotics, such as Lortab. | | | | X | | DOH | Utah Medicaid has a Lock-In program which restricts clients to just one doctor and one pharmacy. Potential Lock-In clients are being reviewed for placement in this program. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| <p>Set up a public information system where taxpayers get to see the plight of those who, for whatever reason, cannot afford necessary healthcare, so Medicaid beneficiaries get to discover that their next door neighbor is paying their medical bills, and that their physician is basically seeing them for free (minimal or no take-home pay after paying office/operations overhead). There is nothing that irritates me more as a tax payer than when I hear some Medicaid recipient say that the “government is paying” for their healthcare. Make the system more transparent so that the average Joe on the street can understand where the money comes from and where it goes. I am happy to pay taxes that are used to care for Medicaid clients as long as I sense some appreciation for my “contribution” and some reasonable restrictions on how the money is used (for life-saving and healthpromoting interventions and not for frivolous or expensive elective interventions).</p> | | X | X | | | | <p>Federal confidentiality regulations would prohibit such actions.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Certain patients are disadvantaged because of the inability to provide allergen immunotherapy. Interestingly Wyoming Medicaid provides for this service. | | | | X | | DOH | Immunotherapies need a basis in evidence based medicine--individual research is required. |
| Making them pay a co-pay has improved patients abusing the system. | | | | | X | DOH | Utah has a system of copayments for nonpregnant adults. |
| If the changes with eREP have been completed, it may end up meeting this need. | X | | | | | DWS | Uncertain about this comment. Not specific enough. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|--|
| 6. WHAT IMPROVEMENTS SHOULD BE MADE TO BETTER DELIVER AND/OR ADMINISTER MEDICAID SERVICES IN THE STATE? | | | | | | | |
| Improve Eligibility Determination System for Medicaid | | | | | | | |
| Empower every [Department of Workforce Services] employee to help the client through the process. Stop saying "that's not my job". | | | | X | | DWS | DWS expects eligibility staff to assist customers thoroughly at each contact. |
| Call in "shorter wait" for interview. | | | | X | | DWS | Call wait times have significantly decreased. Average wait time for an interview is 15 - 18 minutes. For case status calls, wait times are currently 2-3 minutes. DWS feels that these wait times are acceptable. |
| Less paperwork and some patients who come in here give up on applying for Medicaid as they think the worker is not as helpful as they should be and they don't have access to a computer I don't know if they are being straight or not I know a lot do not complete their application. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| [Require] your eligibility workers to perform, Issue warnings. Get rid of the dead wood. Reward performance & results, not seniority. Develop a culture of zero [tolerance] for unwillingness to perform. | | | | X | | DWS | DWS Eligibility Specialists have specific metrics for which they are held accountable in their performance plans: volume, accuracy and timeliness. DWS has implemented a pay-for-performance pilot and has seen impressive results in volume and accuracy. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| [Conduct] "[mystery] shopper" applications to judge performance. | | | | X | | DWS | DWS Eligibility Specialists are subject to phone monitoring. Additionally, "real-time" case reviews are completed by performance review staff. |
| Reduce unnecessary administrative costs by implementing an aggressive, streamlined approach to the renewal process utilizing: 1) Ex-parte telephone and web renewals (requires access to "express lane" eligibility data such as taxes, food stamps, etc. and aggressive follow-up telephone calls); 2) Targeted administrative renewals for cases identified as being low risk of ineligibility (issue automated letter that allows an enrollee to call in only if there have been changes in the household or if current information on file is incorrect). | | | | X | | DWS | DWS and DOH are currently working on ways to simplify the process (e.g., expanding the CHIP simplified review form to Medicaid). DWS is also exploring technology to verify more elements of eligibility (i.e., income interfaces). |
| Simplification of application and renewal processes will allow for better service and delivery to clients. | | | | X | | DWS | See previous answer |
| Allow providers online access to electronic verification of benefits and or approval of referrals. | | | | X | | DWS | DWS is developing third-party access enhancements to myCase which will allow customers to grant online access to representatives, providers, etc. These enhancements are scheduled for release in January 2012. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-------------------------|---------|-------------|------------|------|---------------------------|--|
| <p>Suspend Medicaid eligibility for incarcerated individuals rather than terminate - There are profound concerns regarding the complications and inefficiencies that appear systemic relative to unnecessary redundancies in the Medicaid bureaucracy. An actual case example is a seriously mentally ill Medicaid eligible individual who is incarcerated for a period of two months and, as a result, loses Medicaid. Upon release from jail, subsequent to his acceptance into a mental health court program, he reapplies for Medicaid. Three months later he receives a denial letter but is informed, after contact with the [Department of Workforce Services] case worker (in a distant area of the State), that due to the installation of new software, the letter was sent in error. Two months pass without any word of determination. Upon re-contact with the case worker, we are informed that the individual was denied for failure to submit a particular form. Contact is made with the local [Department of Workforce Services] office which verifies that the form was in fact submitted, but determines that the form was misfiled by the</p> | <p align="center">X</p> | | | | | <p align="center">DWS</p> | <p>DWS Eligibility Specialists are expected to follow policy in regards to incarcerated individuals. Individuals who will be incarcerated for more than 30 days must be removed from Medicaid assistance. Policy does allow some flexibility to accept an application up to 30 days prior to release in certain circumstances. This particular example is unfortunate, and we hope that it is an exception and not the norm.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| To implement the standard health insurance ID card can prevent fraud or abuse. To better prevent fraud and abuse of Medicaid services, the State needs a Master Person Index. The Medicaid ID card needs to have photos and photos can be saved in the [Master Person Index]. | | | X | | | | HB 25 (2012) would allow health care providers and insurers to develop a process that would assist in verifying the identity of a patient. DOH will participate in this process if the bill is passed. |
| Additional staff resources, which I know is not feasible. | | X | X | | | DWS | Correct, not without additional appropriations. |
| Proof of citizenship. Look at medical need of individuals vs. other qualifications. | | | | | X | DWS/ DOH | As required by state policy and federal law, DWS Eligibility Specialists use a match with a federal database to help determine citizenship of applicants. |
| Drug test patients. Why waste resources on patients who are self-medicating despite our best efforts to help them? | | | X | | | | This would require a waiver of federal eligibility requirements. A waiver would be highly unlikely. |
| Specific Suggestions for System Improvement | | | | | | | |
| Fraud checks implemented that are clear to providers. | | | | X | | OIG | HB 84 (2011) created the Office of Inspector General for Medicaid Services (OIG). This new office performs the functions previously performed by Medicaid internal audits and program integrity. The new OIG is working to develop good relationships with providers. |
| Mandate that all medical professional accept [Medicaid]. | | | X | | | | This would require federal as well as state legislation. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-------------------|-------------|-------------|---|
| Medicaid should eliminate the [health maintenance organization] system and use a [competitive] bidding process for services. | | X | | | | DOH | The 1115 ACO waiver request is an attempt to improve quality of care while taking advantage of the networking and care coordination capabilities of health plans. |
| Funding of new Medicaid [Management Information System] to replace antiquated "cobalt" system. | | | | X | | DOH | A draft RFP has been submitted to CMS for review. DOH expects to have an RFP out in 2012 for this system replacement. |
| Additional providers to serve the needs of [Community Health Center] clients. | | | X | | | | Legislative action is required to increase reimbursement. |
| Align payment systems away from the traditional fee-for-service which can promote inappropriate use and align with payer models that encourage consumer responsibility. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|---|
| <p>What if the State purchased health insurance policies for those requiring Medicaid, or gave patients a voucher to buy their own health insurance? The State would be relieved of all the administrative work that goes with current Medicaid processing of claims, etc. Most in the private sector find purchasing health insurance a worthwhile expense in terms of return on investment and having coverage for expensive care if one should need it. I can't see why it should not also be advantageous for governments to purchase health insurance for those who qualify for social services. The premium voucher could pay for all, or a portion of the health insurance bill on a sliding scale, based on income, need and/or other criteria to be developed. The State legislature should also pass laws permitting the sale of healthcare insurance across state lines. Private, independent insurance agents could sell any policy; people would select the insurance & coverage they want at the price they want in a highly competitive marketplace.</p> | | | X | X | | DOH | <p>Through the 1115 ACO Waiver, DOH requested that Medicaid clients be given the opportunity to receive a subsidy for private health insurance rather than enroll in direct Medicaid services. It does not appear that CMS will approve this request.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Do whole-picture cost analysis on treatments for chronic conditions like diabetes, hypertension, and mental illnesses and incentivize healthcare providers to start with the most cost-effective (from a long-term perspective) treatment available at the time. | | | | X | | DOH | The 1115 ACO Waiver request incorporates this general design and concept. |
| Centralize [electronic medical records] that all physicians have access to decrease duplication of services and procedures. | | | | X | | DOH | DOH is a strong supporter of the CHIE. In addition, if HB 46 (2012) is passed, Medicaid and CHIP clients, along with state employees, would be required to participate in the CHIE. |
| Increase CoPays to Clients/Change Incentives for Clients | | | | | | | |
| [Expand] rewards for being [responsible]. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service. Incentives would also be available to clients. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| You should consider higher prescription co-payments and have a co-payment on every prescription and not on just 5 per month with a \$15.00 monthly total. Maybe this could be income based. There are too many abusers of the system. | | | | X | | DOH | Federal law limits the copays we can charge Medicaid clients. Through the 1115 ACO Waiver, DOH asked to increase certain client copays but it does not look like CMS will approve those increases. |
| Medicaid should establish a co-pay system for Medicaid clients based on income level and/or ability to pay. | | | | X | | DOH | See above response |
| Personal responsibility in a small co-pay format would help. | | | | X | | DOH | See above response |
| Having patients bear some financial responsibility for the medical care they seek and receive. | | | | X | | DOH | See above response |
| Urgent care centers a much lower co pay to keep people away from the [emergency rooms]. | | | | X | | DOH | See above response |
| Make the Medicaid participant or guardian responsible for using the system correctly. | X | | X | | | | CMS has strict regulations defining eligibility. |
| All care should cost the patient something. Otherwise the services are too cheap and will be verutilized. It's simply supply and demand. | X | | | X | | DOH | Utah Medicaid has in place a system of copayments. The 1115 ACO Waiver requests more flexibility for copayments |
| More incentive for private practices to extend hours so there is an alternative to [emergency room] medicine. We have extended hours, but the reimbursement really does not encourage it. | | | X | | | | Medicaid currently has a payment differential for extended hours. To increase the additional payment would require additional funding. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| All Medicaid patients should be required to pay something in return for their benefits even if it is community service there should be some type of return for the benefits once the person is over a certain age. | | | | X | | DOH | DOH has submitted an amendment to its existing 1115 PCN Waiver in order to create a pilot program that would require 8 hours of community service each month. CMS must approve this amendment before this pilot can begin. |
| Don't renew Medicaid if patient are noncompliant with treatment. If they don't show up for appointments or take their prescribed medications they are just wasting resources anyway. | | | | X | | DOH | The 1115 ACO Waiver request includes a provision for a medical home which would help address this issue, plus it would include client incentives to adhere to treatment. |
| Improve Prior Approval System | | | | | | | |
| Prior approval system is killing the service. | | | | X | | DOH | The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Eligibility should be clear to the provider, to know which procedures are covered and which are not, and which require prior authorization. It would be easy to create, use, and update a small chart outlining the benefits. It could at the front desk for the business manager to appoint patients for procedures and bill for reimbursement. The current system is biased toward those who provide a large number of Medicaid services where they have the system essentially memorized. An office that only occasionally treats Medicaid often does not have a clear picture of benefits. It is demoralizing to try to assist a client in need, only to spend time completing paperwork and then have the claim denied because it was not preauthorized, or was a non-covered benefit by virtue of the material used.</p> | | | | X | | DOH | <p>It is not as easy for occasional providers to remember and become familiar with the benefits associated with Medicaid's three product lines. Coverage information is available in Medicaid provider manuals, which are online and easily accessible. In addition, coverage information is also available through telephone inquiries. These resources are also commonly used in the private sector.</p> |
| <p>Have a [portal] to submit [authorization] [requests] online, also be able to view status and print off [authorizations]. I would like to see us eliminate faxes and use scanned items and emails more.</p> | | | | X | | DOH | <p>The new Medicaid Management Information System will have a provider portal which will furnish information on the status of provider claims and prior authorizations, among other things.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Allow us to take care of our patients in a more timely fashion instead of sitting them in a waiting situation why we try and get them authorized for services.</p> | | | | X | | DOH | <p>The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers.</p> |
| <p>Streamline the authorization process: eliminate RN admission for [physical therapy] treatments. Clarify documentation expectations.</p> | | | | X | | DOH | <p>Please see the responses above</p> |
| <p>Set a yearly limit for [physical therapy?] visits....[similar] to what [the] commercial insurances do.</p> | | | | | X | DOH | <p>Medically necessary physical therapy visits are limited to 20 per year unless additional visits obtain prior authorization.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--|
| <p>The judgment of a trained professional should be accepted. Many times, simply due to a regulatory requirement, a Medicaid patient will not receive needed care due to a bureaucratic requirement. For example, an MRI will not be covered for a Medicaid patient unless certain time requirements and treatment interventions have accomplished. Needed surgery will not be done unless physical therapy has been tried. Many times I have seen patients (as an orthopaedic surgeon) whom I know have a torn meniscus and have not recovered despite conservative care measures. I will schedule surgery only to find the surgery is not allowed by Medicaid because the patient did not do specific physical therapy. We then do the therapy, adding hundreds of dollars to the patient's bill, only then to proceed with the surgery that was indicated in the first place. There are other times when an MRI truly would help determine whether surgery is necessary or not, but because the MRI is not covered we do the surgery anyway. With the MRI we may have been able to avoid the surgery in the first place. I do admit MRIs are expensive and in general over utilized. But when an</p> | | | | X | | DOH | <p>Recently, Medicaid has adopted new criteria addressing this issue. Similarly, Medicaid is anxious to receive inquiries from providers with specific recommendations to improve criteria. Questions and suggestions can be sent directly to Medicaid physician consultants and/or the Utilization Review Board for analysis and recommendations.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>The process of approval and denial of medical services could be more transparent. Physicians often provide services that are denied after the fact, because they were not aware of the lack of coverage. The decisions sometimes seem a bit idiosyncratic about what to cover and not to cover. For example, most insurances will cover an extended discharge from the hospital 99239 (discharge greater than 30 minutes), but Medicaid will not. I only found this out because of denials, rather than a proactive approach of Medicaid letting us know what common procedures and codes are not covered ahead of time. They could do more often what they did with the decision about no longer covering circumcisions. They let all the providers know ahead of time that that service would no longer be covered.</p> | | | | | X | DOH | <p>The Medicaid Information Bulletin is sent to providers on a regular basis. The administrative rulemaking process also notified the public of changes to program composition. In addition, information is sent to clients along with their monthly eligibility cards.</p> |
| <p>Administration of Medicaid claims needs to be smooth and as trouble free as possible. When providers are already working at a financial loss, it adds insult to injury to make obtaining reimbursement a chore.</p> | | | | X | | DOH | <p>Currently Medicaid pays 99.6% of all clean claims within 30 days.</p> |
| Add/Expand Specific Services | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Expand Chiropractic. | | | X | | | | Legislative action is required to increase appropriations in order to expand this service. |
| Give more dental coverage to adult patients in need. | | | X | | | | Restoration of adult dental would require additional funding. |
| [Emphasize] early/preventive services. | | | | X | | DOH | Medicaid operates the Early Periodic Screening Diagnosis and Treatment program for children which is focused on prevention. |

Better Communication

| | | | | | | | |
|--|--|---|---|---|--|----------|---|
| Participate in health fairs in the community to provide information on how to apply for Medicaid. | | X | X | X | | DWS/ DOH | Funding for several outreach positions was cut a few years ago. Customers have many access points at DWS. DWS and DOH are looking at technology to make the application and renewal process easier for our customers. |
| Explain pharmacy benefits of covered/uncovered to patients, so they can expect to pay for some things and understand which ones. | | | | X | | DOH | Printed on the client's eligibility card is a statement which tells the client and provider if the client is subject to copayments. This would be applicable to the pharmacy benefit. |
| The Medicaid provider manual, with its constant updates, is extremely confusing for a private practitioner. | | | | X | | DOH | Changes to selected provider manuals generally occur on a quarterly basis. Most often changes relate to updating criteria for medical procedures. This is similar to what occurs in the private sector. If there are any questions as to coverage, providers can call Medicaid Operations for coverage information. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|---|
| The pertinent information [in the Medicaid provider manual] for dentistry should be separated out and distilled onto one page easy reference, and all update should be modifications of that one page. Simpler is always better. | | X | | | | DOH | Please see the responses above. |
| Increase Funding/Provider Reimbursement | | | | | | | |
| More funding. | | | X | | | | Increased legislative funding is required |
| Improve reimbursement to pediatricians and family physicians. | | | X | | | | Please see the above response |
| Improve provider reimbursement. It is joke. What mechanic would fix your car if you said you would pay them 50 percent of what they regularly charge? One of my partners is worried he will get let go for only seeing Medicaid patients because we need to see almost twice as many to earn the same amount of money for our clinic. | | | X | | | | Please see the above response |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--------------------------------|
| <p>The current State Medicaid reimbursements to physicians are not fair. I am a family physician, and our office currently accepts new Medicaid patients. I used my own actual over head for last year (about \$18,000 per month) and the reimbursement I would have received for the actual number of patients that I see per month (about 400). I calculated what my total annual income would be if I saw only patients covered by private insurance (~\$242,000 per year), and if I saw only Medicare (~\$145,000 per year), and if I saw only Utah state Medicaid (~\$13,600 per year). So if I had to choose between seeing only Medicaid patients and working at Arby's, I would be better off working at Arby's because at least there I would likely get some benefits. Basically, right now, Utah asks me to see Medicaid patients essentially for free. They pay me enough to cover my overhead of rent and staff costs, but not enough to pay any to me for my work. When people ask me if I do any charity care for free, I say "Yes, I accept Medicaid patients."</p> | | | X | | | | Please see the above response |
| <p>Medicaid needs to find a way to make it beneficial for [medical doctors], either in the form of better payment or tax deduction.</p> | | | X | | | | Legislative action is required |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|--|
| Limit Services/Procedures Covered | | | | | | | |
| <p>There needs to be a realistic look at what is covered and what is not. Everyone would like everything but that is not affordable nor is it doable. Take food stamps for instance!!! A person can buy ice cream, candy all the cakes and donuts as well as soda pop they want but they can't buy tooth paste, floss, laundry detergent, [deodorant], or any cleaning supplies. Why? This is expensive thinking in the healthcare field. Obesity is becoming a killer and the soda pop is eating their teeth. The [inability] to be clean and care for themselves as well as their home is stopping their ability to even have a desire to better themselves or their lives. Something has to be done to give the people who need Medicaid & food stamps [discipline] as well as education to better their lives. We have turned them loose in a "candy store" of [benefits] with no direction or responsibilities. If we are going to continue to pay for [their] babies then we need to take some responsibility to help them get out of the system instead of increasing the numbers requiring welfare. They are sucking the government dry and eating up the monies set aside for Social Security which</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service. Incentives would also be available to clients.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Rationing care makes sense. In Oregon the treatments of various diagnoses are prioritized with acute chest pain near the top and stress incontinence near the bottom and neonatal care of babies born at 24 weeks or earlier at the bottom of the list. On a given year the top 413 diagnoses are covered based on expected resources. Next year the cutoff is lower or higher based again on resources and needs. | | | | X | | DOH | The ACO 1115 Waiver request includes a provision similar to the Oregon priority of service list. |
| Suboxone – I use it, but very expensive. I would limit Medicaid patients to a one time month course, after that they would have to pay for it on their own. | | | X | | | | Changes in Medicaid laws and regulations would be necessary. |
| Expand Medicaid to More Individuals | | | | | | | |
| Looking at waivers. Co-pays and buy in to Medicaid for services that cannot be accessed through the insurance system. Currently insurance will not pay for autism or much outpatient mental health services. Many clients need to access the Community mental health centers which they cannot access because they do not qualify for Medicaid but their health insurance will not pay. How about once again a payment plan where they could buy into Medicaid? | | | X | | | | The Affordable Care Act addresses some of the coverage issues in insurance benefits. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|--------------------|---------------------|-----------------------|-------------|-------------|---|
| Expand Medicaid programs to suit everyone including single people with no dependents. | | | X | | | | The federal Affordable Care Act expands Medicaid to nearly all individuals with incomes under 133% of the federal poverty level. DOH estimates that Medicaid enrollment will increase by 110,000 individuals in 2014. |
| Consider implementing a sliding fee schedule for waiver services. | | | | X | | DOH | Federal law generally prohibits copays for children and pregnant women on Medicaid. DOH included in the 1115 ACO Waiver a request to increase client copays. It does not appear that CMS will approve that request. |
| Use Telemedicine | | | | | | | |
| Allow Medicaid-eligible patients to receive care via telemedicine from Medicaid-eligible providers for Medicaid eligible services by either 1) reimbursing at the same rate as an in-person visit, or 2) including telemedicine in payment reform initiatives. | | | | X | | DOH | DOH has a Telemedicine program. This program covers children with special health care needs, mental health services and diabetics. Expansion of this program depends on meeting very strict CMS criteria. Cost effectiveness is a difficult aspect to substantiate. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|---------------------------|
| <p>Allow Medicaid-eligible patients to receive care via telemedicine from Medicaid-eligible providers for Medicaid eligible services by either 1) reimbursing at the same rate as an in-person visit, or 2) including telemedicine in payment reform initiatives. Support the use of the medical home concept, particularly for chronic disease patients, by incorporating remote patient monitoring. An Iowa Medicaid pilot using this technology for congestive heart failure patients showed a 24% reduction in inpatient admissions by participating members, a 22% reduction in total inpatient bed days, and \$3 million in Medicaid savings. Of participating patients who began the study without a “regular provider”, more than 36% had a medical home by the end of the study. http://www.cms.gov/medicaidchipqualprac/mcppedl/itemdetail.asp?itemid=CMS1227587</p> | | | | X | | DOH | Please see response above |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---------------------------|
| <p>Allow Medicaid-eligible patients to receive care via telemedicine from Medicaid-eligible providers for Medicaid eligible services by either 1) reimbursing at the same rate as an in-person visit, or 2) including telemedicine in payment reform initiatives. Support the use of the medical home concept, particularly for chronic disease patients, by incorporating remote patient monitoring. An Iowa Medicaid pilot using this technology for congestive heart failure patients showed a 24% reduction in inpatient admissions by participating members, a 22% reduction in total inpatient bed days, and \$3 million in Medicaid savings. Of participating patients who began the study without a “regular provider”, more than 36% had a medical home by the end of the study. http://www.cms.gov/medicaidchipqualprac/mcppedl/itemdetail.asp?itemid=CMS1227587</p> | | | | X | | DOH | Please see response above |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|--|
| <p>Allow Medicaid-eligible patients to receive care via telemedicine from Medicaid-eligible providers for Medicaid eligible services by either 1) reimbursing at the same rate as an in-person visit, or 2) including telemedicine in payment reform initiatives.</p> | | | | X | | DOH | Please see response above |
| Oversight Process | | | | | | | |
| <p>The administrative burden and numerous audits that at times duplicate oversight efforts are taking away from service delivery. A streamlined oversight process that avoid any duplication would be a benefit.</p> | | | | X | | OIG | <p>HB 84 (2011) created the Office of Inspector General for Medicaid Services (OIG). This new office performs the functions previously performed by Medicaid internal audits and program integrity. The new OIG will work to improve coordination with Medicaid and improve coordination with the Medicaid Fraud Control Unit.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Selectively expand administrative oversight of clinical conclusions using clinical consultants as part of an administrative/clinical QI program; representation from every State-supported facility and clinic should include senior clinicians and senior administrators to make the decisions truly relevant to optimal clinical care; this administrative/clinical representation would meet as often as necessary to address accomplishment of targeted interim goals that would attempt to focus on (1) the true achievement of optimal care; then, and only then, (2) improvement of administrative lassitude, inappropriateness, and arbitrary \$\$ dispersal. | | | | X | | DOH | Medicaid currently uses a Physician Policy committee to review medical procedures and criteria. It also uses a Utilization Review Committee to evaluate medical decisions and practice. |
| Ongoing, active peer review of records of patients who may be over-utilizing medical services should be conducted, to assess the appropriateness of care, and to confirm the need for the frequency/type of utilization. | | | | | X | DOH | Utah Medicaid has a Lock-In program which restricts clients to just one doctor and one pharmacy. Potential Lock-In clients are being reviewed for placement in this program. |
| More Use of Medical Homes | | | | | | | |
| More emphasis on the patient centered medical home. | | | | X | | DOH | The 1115 ACO Waiver request incorporates this general design and concept of a medical home. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| The primary care physician assignment doesn't seem to be working. Most patients go to whomever they want, when they want, with no recourse to them. Make them go to a gatekeeper and really get a referral. The restricted Medicaid patients seem to be better educated on what they can and can't do and seem to follow the rules better. | | | | X | | DOH | Currently, clients in urban areas are in managed care organizations. Further, the 1115 ACO Waiver request incorporates this general design and concept of a medical home. |
| Miscellaneous Comments | | | | | | | |
| Electronic claims should be easily handled. | | | | | X | DOH | Currently Medicaid pays 99.6% of all clean claims within 30 days. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| 7. HOW COULD THE COORDINATION OF OVERSIGHT RESPONSIBILITIES BE IMPROVED? | | | | | | | |
| Better Coordination Among/From Agencies Administering Medicaid | | | | | | | |
| It sounds like there are two entities that monitor assisted living Medicaid services. They are the New Choice Waiver program through [Salt Lake] County Aging Services and then Flex Care. These two agencies should be combined into one program which should reduce some overhead costs which would equate to additional savings for Medicaid. | X | | | | | DOH | The New Choices Waiver utilizes multiple agencies to provide case management for the waiver participants. There are several independent agencies in Salt Lake County that provide these services. These agencies are paid the same rate for their services and a participant can only have one provider at a time. |
| Sometimes we call and get different rules from different workers. Departments maybe could get together better to make sure on the same page. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| Perhaps centralization of the oversight and/or better coordination at the Medicaid State level and State level of audit functions could reduce the administrative burden. | | | | | X | OIG | HB 84 (2011) created the Office of Inspector General for Medicaid Services (OIG). This new office performs the functions previously performed by Medicaid internal audits and program integrity. The new OIG will work to improve coordination with Medicaid and improve coordination with the Medicaid Fraud Control Unit. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|---------------------|-----------------------|-------------|-------------|---|
| Allow State Medicaid audits to be sufficient. I see no need for the State to spend funds for External Quality Review Organizations. | | | X | | | DOH | Federal regulations require EQROs if the State is going to require clients to select among different managed care options (as clients currently do in Utah, Salt Lake, Davis and Weber counties). |
| Specific Suggestions for System Improvement | | | | | | | |
| Get the legislature to butt out and stop cutting funding. | | | X | | | | Legislature - appropriations |
| Allow health plans to coordinate subrogation rather than referring to [the Office of Recovery Services]- In line with ways to better coordinate oversight responsibilities, health plans should be allowed to coordinate subrogation issues directly rather than having to refer to [the Office of Recovery Services]. Health plans already have systems in place to identify other potential payers and collect overpayments as well as a relationship with the member. The Medicaid contract requirement for health plans to use [the Office of Recovery Services] creates unnecessary duplication of services and hinders the collection process. | | X | | | | | |
| Provide a patient centered medical home. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Making information available [about money given to State administration vs providers] would help. | | | | | X | DOH | This information and much more about the Medicaid program is available through the Medicaid and CHIP annual report (www.health.utah.gov/medicaid/pdfs/annual_report2011.pdf). |
| Better Communication | | | | | | | |
| When denials are incorrectly given because the priors are 6 or more weeks behind then oversight is increased and our costs of doing business greatly increases. | | | | X | | DOH | The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers. |
| Make it easier to find a phone [number] for the department you need to talk to about [explanation of benefits] issues. | | | | | X | DOH | We have listed the number for our Medicaid Information Line (1-800-662-9651) on our web site, the Medicaid member guide, and other places. |
| Eligibility Determination Improvements | | | | | | | |
| In the Blanding area have the eligibility do face to face interview with their clients, it was much easier for Native American (Navajo) to do it that way [especially] the elderly. | | | | X | | DWS | Native American customers have recently been specialized on one team in DWS. Coupled with outreach efforts, DWS expects improved service to this population. Customers may always request a face-to-face interview in any of our offices. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|---------------------|-------------------|-------------|-------------|--|
| Eligibility streamlined to coordinate with other public programs such as [Women, Infants, and Children], Free/Reduced Lunch, etc. | | | X | | | DWS | May require legislative/federal action/activity. |
| I think many of the workers have too big of a caseload and have seen a downward swing on accuracy. | X | | | | | DWS | DWS eligibility caseloads are high. DWS Eligibility Specialists have specific metrics for which they are held accountable in their performance plans: volume, accuracy and timeliness. DWS has implemented a pay-for-performance pilot and has seen impressive results in volume and accuracy. |
| Many of your [departments] do not get the correct [information] from your workers in the field e.g. - family cost share on long term care [patients] and we have to make adjustments after we make Medicaid aware. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| Expand Feedback | | | | | | | |
| Survey of patient satisfaction. | | | | | X | DOH | DOH conducts annual surveys to assess enrollees satisfaction with their health plans. These surveys include assessments of the Medicaid plans. To see the results of these surveys, please go to https://health.utah.gov/myhealthcare/reports/cahps/2010/index.php |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| The department does an adequate job of overseeing the program and is open to suggestions on how to improve it. | | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Increased Efforts to Reduce Abuse/Restrict Clients | | | | | | | |
| Restrict more clients | | | | X | | DOH | As a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/ . In addition, DOH continues to operate a "Lock In" program for Medicaid clients who demonstrate a pattern of excessive program utilization. DOH restricts these clients to one pharmacy and one prescribing provider. |
| Eliminate the many benefits to illegal aliens. | | | X | | X | DWS | Medicaid is not given to undocumented individuals, except for in emergency situations (as required by federal regulation). Items covered are very limited. |
| Have the Department of Health Administer/Coordinate All of Medicaid | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|---|
| The Utah Health Department should perform all administrative services. | | X | | | | DOH | Although DOH is designated as the Single State Agency for Medicaid in Utah, the program is likely too large to try to house all administrative functions in one department. DHS brings expertise in managing challenging client situations (e.g., foster care, disabilities, etc.). DWS brings expertise in client enrollment. DOH brings expertise in medical benefits and health care operations. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--|
| 8. HOW COULD WE LIMIT THE ADMINISTRATIVE BURDEN REQUIRED? | | | | | | | |
| Specific Suggestions for System Improvement | | | | | | | |
| Combining the New Choice Wavier and Flex Care programs. | X | | | | | DOH | DOH operated the Medicaid Flex Care program up through 2007. In order to comply with new federal guidance governing these types of programs, DOH began the New Choices Waiver in 2007 and began transitioning clients and facilities out of the Medicaid Flex Care program. The Medicaid Flex Care program ended in 2007. |
| Get the legislature to butt out and stop cutting funding. | | | X | | | | Legislature - appropriations |
| Eliminate the [health maintenance organization] duplication of services, and allow the Health Department to coordinate and reimburse all Medicaid services. | | X | | | | DOH | States regularly debate the value of managed care versus direct fee for service systems for Medicaid. In its 2010 audit of Medicaid managed care, the Office of the Legislative Auditor General recommended, "...that Utah Medicaid review the viability and potential benefits of expanding managed care into more areas of the state." As health plans expand their networks into rural counties, DOH has authorized the plan to be offered to Medicaid clients. Molina Healthcare of Utah was recently authorized to expand into additional rural counties. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|--|
| With payment arrangements with the right incentives Medicaid can spend less time medically managing. This happens because providers ([doctors] and hospitals) have the incentive to find ways of spending more effectively THEMSELVES [without] having to be forced to. In the end, the tax payer gets better use of their taxes that support Medicaid. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans will be encouraged to pay bundled payments to medical providers rather than paying separately for each service. |
| You must increase reimbursement to primary care providers, no ifs, ands, or buts. If the [primary care providers] felt that they were reimbursed for more than part of their overhead for the office visit then there would be more buy-in for taking care of this unique patient population. | | | X | | | | Legislature - appropriations |
| Require that "all practices" accept some Medicaid or donate a certain amount pro bono to be licensed in the State. There could be business tax incentives to encourage this. | | | X | | | | Legislature |
| Streamline Processes | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Can decrease the burden by using a common set of monitoring key factors. Currently, each audit and oversight mechanism asks for a different set of reports. | X | | | | | OIG | HB 84 (2011) created the Office of Inspector General for Medicaid Services (OIG). This new office performs the functions previously performed by Medicaid internal audits and program integrity. The new OIG will work to improve coordination with Medicaid and improve coordination with the Medicaid Fraud Control Unit. |
| Improvements to PreAuthorization/ Hearing Process | | | | | | | |
| Reduce prior authorization to only those areas where there is significant cost impact. | | | | X | | DOH | The prior authorization team has made significant progress since the time of the survey. Prior authorization times and rework requests have been significantly reduced. In addition, DOH has moved to a more systematic use of InterQual criteria, which has helped reduce confusion for providers. |
| Not enough [pre-authorization] staff. | | | X | | | | Legislature - appropriations |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|----------|--|
| Limit the excessive documentation required for pre-hearings and hearings. The authorization process requires significant documentation that is found in the [Outcome and Assessment Information Set] documentation set. No one in [pre-authorization] wants to review the [Outcome and Assessment Information Set] set for information. The impression is that the information must be "spoon fed" to the [pre-authorization] people for review. | | | | X | | DWS/ DOH | The hearing groups at DWS and DOH have had significant changes since the time of the survey. DWS has implemented a pay for performance process with some of their hearing staff. DOH has changed the staff and roles of its hearing unit. Currently, there aren't complaints about interpersonal skills. |
| Improve Medicaid Eligibility Determination Policy | | | | | | | |
| More outreach workers on the reservation. | | X | | X | | DWS | Native American customers have recently been specialized on one team in DWS. Coupled with outreach efforts, DWS expects improved service to this population. Customers may always request a face-to-face interview in any of our offices. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>Implementation of “administrative simplification” in enrollment and eligibility processes. The Louisiana [Children’s Health Insurance Program] program experienced a \$19M annually in administrative savings by implementing a paperless renewal process (ex parte telephone and web renewals, and targeted administrative renewals) while maintaining a payment error rate measure Medicaid eligibility rate of 1.56% (one of the lowest in the country).</p> | | | | X | | DWS | <p>DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|---|
| <p>Partner with health plans to help clients complete their renewal paperwork - At a time when States and other stakeholders are looking for ways to manage costs, it may seem reasonable to not worry if qualified beneficiaries become ineligible for a month or two because they fail to complete their renewal paperwork. However, this has been proven to be a costly mistake. The costs of churning (the avoidable disenrollment and then subsequent reenrollment of a beneficiary) are significant. A study by The California Endowment found “when Washington State shifted children’s certification periods from 12 to 6 months, administrative costs rose by \$5 million.” In California, the cost for processing a beneficiary into their Medicaid program is just under \$200; in New York the cost is over \$280. (The California Endowment, How Much Does Churning in Medi-Cal Cost?, April 2005) With thousands of members renewing each month, these unnecessary costs can add up quickly. To avoid these costs, without increasing the workload of the eligibly staff, the State should allow health plans to help their existing members complete the</p> | | | | X | | DWS | <p>DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. Most Medicaid customers are required to recertify yearly. DWS Eligibility Specialists are asked to complete "rolling reviews" on Medicaid when attached programs are due for recertification, to ensure continued coverage, if the customer remains eligible.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| Simplify the enrollment and renewal process. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| Streamline enrollment and retention processes. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| Pharmacy/Drug Issues | | | | | | | |
| Well over 90 percent of the afterhours phone calls I get from patients looking for narcotics come from Medicaid patients. This is particularly disturbing because Medicaid is less than 10 percent of my entire patient base. Similarly, the largest percentage of patients I turn into the [Drug Enforcement Administration] (for obtaining narcotics from multiple doctors and then lying about it) are Medicaid patients. | | | | | X | DOH | DOH operates a "Lock In" program for Medicaid clients who demonstrate a pattern of excessive program utilization. DOH restricts these clients to one pharmacy and one prescribing provider. |
| Use the [pharmacy benefit management] system to monitor possible abuse and track problem client. | | | | X | | DOH | Through the 1115 ACO Waiver, non-mental health pharmacy benefits in Utah, Salt Lake, Davis, and Weber counties will be managed by the health plans. |
| Utilize Technology | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Utilize technology to better serve clients (communicate with clients via text messaging, email, etc). | | | | | X | DWS | DWS offers email and text notification through myCase. |
| Computers are much less expensive than people. We could expand the role of technology in identifying patterns and situations that may warrant further investigation and continue efforts to automate billing and payment processes. | | | | X | | DOH | 98% of Medicaid claims are received electronically. In addition, almost all Medicaid payments are made electronically. |
| Online resources. | | | | X | | DWS | DWS has made numerous enhancements to myCase with additional enhancements scheduled for the next several months. In addition to viewing benefit amounts, printing forms, viewing online notices, making payments, viewing receipt of documents and chatting with Eligibility Specialists online, customers can now report changes and complete their recertification online. Future enhancements include a new, dynamic online application, third-party access for authorized representatives and a "customer full kit," which will assist the customer in knowing when all requested verifications have been received by DWS. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| 9. IN YOUR OPINION WHICH AREA OF THE MEDICAID PROGRAM IS MOST ABUSED? | | | | | | | |
| Specific Services/Programs/Users Types | | | | | | | |
| The controllable aspect that is most abused are the frequent users related to problems fully evaluated, like chronic pain, revolving pain issues, and issues related to lifestyle choices, obesity, smoking. I think caseworkers could work wonders and be much cheaper than me and my office trying to manage this. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves. |
| Emergency room | | | | | | | |
| Families go emergency rooms instead of an urgent care center for medical needs. | | | | X | | DOH | As a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/ |
| Pharmacy Drugs | | | | | | | |
| Drug seekers. We have more people from Medicaid come in with toothaches and back pain than any other clients. | | | | X | | DOH | DOH operates a "Lock In" program for Medicaid clients who demonstrate a pattern of excessive program utilization. DOH restricts these clients to one pharmacy and one prescribing provider. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|----------|------------|------|------|--|
| <p>Now that adults are not covered except for pregnant/nursing woman and those with [Primary Care Network] it has limited much of the abuse by adults. In the dental field we see most of the abuse with the "drug seekers". Those who have a huge draining abscess or gross decay which they do not want treated only pain medication and they always have a specific drug in mind. They also want to make sure that they will still have a legitimate problem for the next dentist they see so they always refuse treatment. Then if you don't tell the pharmacist that your patient can only pick up the pain meds if they also purchase the antibiotics they will only get the pain meds. This process costs Medicaid \$68.00 in our office but they have to be seen because there is an actual problem.</p> | | | X | X | | DOH | <p>It would take a legislative appropriation to restore Medicaid adult dental. For information on the Medicaid Lock In program, see previous answer.</p> |
| Require a Higher CoPay/More Client Responsibility | | | | | | | |
| <p>If there was a co-pay system, abuse would decrease.</p> | | | | X | | | <p>Federal law generally prohibits copays for children and pregnant women on Medicaid. Other groups can be charged copays deemed "nominal" by CMS - generally about \$3. DOH included in the 1115 ACO Waiver a request to increase client copays. It does not appear that CMS will approve that request.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/Fed | In Process | Done | Lead | Notes |
|--|----|---------|---------|------------|------|---------|---|
| Frivolous/Unneeded Doctor Visits | | | | | | | |
| When patients can be seen for any little problem that could have been handled over the phone. Physicians are paid so poorly that they feel they have to bring them in. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves. |
| People With Money/Resources Still Getting Medicaid | | | | | | | |
| [Insurance] when clients say they do not have another insurance and they do. | | | | X | | DWS/DOH | DOH saves hundreds of millions of dollars each year by billing clients' other insurances first before having Medicaid pay. DOH, DWS, and DHS have worked together on ways to improve the collection and use of third-party payor information. However, the agencies welcome assistance in improving the process because it is a real opportunity for the State to save money. |
| Review the patients' resources on a more regular basis. If you can afford a boat and ATVs the state should not be paying for your health care. | | | | | X | DWS | Electronic matches are used at application and review. |
| Optimizing Medical Care | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Patient care should be coordinated by a primary care physician, or primary care “team”. Misuse and overuse of specialty care could be controlled and avoided. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Limit Client Access to Medicaid | | | | | | | |
| Restricting ALL patients to a couple of different primary care providers so they have a backup option, but are still restricted to a small number of doctors. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs. |
| Medicaid should be only for a defined time and people should not be able to be Medicaid recipients for more than a certain amount of time. | | | X | | | | Federal law does not currently allow a lifetime limit on Medicaid benefits. A change similar to what was done with Welfare Reform would be needed to implement this recommendation for Medicaid. |
| Illegal Aliens/Undocumented Immigrants | | | | | | | |
| Illegal immigrants using the program. | X | | | | | DWS | Medicaid is not given to undocumented individuals, except for in emergency situations. Items covered are very limited. |
| Undocumented patients having children in the U.S. are [automatically] covered when they have the baby, plus their offspring are automatically citizens and [eligible] for [Medicaid]. This is unfair. | X | | | | | DWS | Medicaid is not given to undocumented individuals, except for in emergency situations. Items covered are very limited. Children born in the U.S. are considered U.S. citizens. |
| Benefits to illegals. | X | | | | | DWS | Medicaid is not given to undocumented individuals, except for in emergency situations. Items covered are very limited. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|--|
| Fraud, Waste, and Abuse | | | | | | | |
| <p>Millions of dollars in tax payers money could be saved if there were a system to report and prosecute PATIENTS WHO ABUSE THE MEDICAID SYSTEM. This includes the PARENTS of CHILDREN ON MEDICAID.</p> | | | | X | | DWS | <p>DWS is committed to follow up on all reported and discovered discrepancies. We have information on reporting public assistance fraud on the DWS website (jobs.utah.gov), a fraud report hotline and e-mail address and verbiage on our application and review that details consequences for providing false information. DWS is currently exploring adding additional verbiage to additional eREP correspondence about penalties for fraudulent activities. This effort will be prioritized with all eREP projects and has an estimated launch of spring/summer 2012.</p> |
| <p>It is frustrating to see so much waste in the Medicaid system.</p> | | | | X | | OIG | <p>HB 84 (2011) created the Office of Inspector General for Medicaid Services (OIG). This new office performs the functions previously performed by Medicaid internal audits and program integrity. The new OIG will work to improve coordination with Medicaid and improve coordination with the Medicaid Fraud Control Unit.</p> |
| Dental Coverage | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| I know a lot do have bad teeth but most of the time we write off their services as no coverage. Fix your dental coverage. | | | X | X | | DOH | Additional appropriations would be needed to raise all reimbursement rates. However, as required by House Bill 256 (2011), DOH has issued an RFP for Medicaid dental benefits. If this RFP is successful, Medicaid dental rates will be set by the private dental plans. The plans will determine how to best reimburse contracted dentists for their services. |
| Medicaid Contracting | | | | | | | |
| Medicaid managed care – Move all managed care organizations into risk-based contracting such as the current contract with Molina. Non risk-based contracted Medicaid managed care organizations have no incentive to control utilization or limit expensive, and often times unnecessary, specialty care services under their current fee for- service contracts. | | | | X | | DOH | Through the 1115 ACO Waiver, medical care in Utah, Salt Lake, Davis, and Weber counties will be moved to risk based contracts. |
| Miscellaneous Comments | | | | | | | |
| There should be comprehensive Medicaid client education on the costs. | | X | X | | | DOH | DOH is not currently funded to send Explanation of Benefits (EOBs) to all clients. With limited funding, DOH sends some EOBs to Medicaid clients. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|---|
| 10. ANY OTHER IDEAS/SUGGESTIONS? | | | | | | | |
| Specific Suggestions for System Improvement | | | | | | | |
| Trust me, if you can make my suggestions happen [Combining the New Choice Wavier and Flex Care programs] you will save close to 200K annually. | | | | X | | DOH | DOH operated the Medicaid Flex Care program up through 2007. In order to comply with new federal guidance governing these types of programs, DOH began the New Choices Waiver in 2007 and began transitioning clients and facilities out of the Medicaid Flex Care program. The Medicaid Flex Care program ended in 2007. |
| Task force with representatives from the industry to discuss program improvements. The task force should include decision makers and policy makers from both arenas. | | | X | | | | Legislature |
| A few years ago, the U.N. was in need of money, and Ted Turner made a large pledge. When I register my car, I am asked if I would like to make a small donation towards the transplant program. Could there be a tax-deductible, charitable contribution to raise money for these programs? | | | X | | | | Legislature |
| Put the check register on the internet so the public can peruse exactly where the money is going (as to consultants). | | | | X | | DOH | DOH payments can be found online at www.utah.gov/transparency/ . DOH is working with State Finance to see if additional detail from payments can be loaded into this system. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Farm out the entire Medicaid program to a private insurance company that is willing to work five days a week and give their employees incentives to get their clients taken care of NOW! Get rid of the [Department of Health] Medicaid bureaucracy, and the 800-plus employees that swell the cost of the overhead and add nothing to the care of patients.</p> | | X | | | | DOH | <p>State law has changed since the time of the survey and state offices are now open five days a week from 8 am - 5 pm rather than four days a week from 7 am - 6 pm. DOH has about 190 positions for Medicaid and CHIP administration (including claims payment, health plan selection, prior authorization, provider enrollment, reimbursement rate setting, home and community based services waiver management, pharmacy program, finance, disability determination, restriction program, managed care contracting and oversight, etc.).</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|--|
| <p>We need to develop better guidelines to avoid unnecessary repeat studies – I see patients who have had 4 MRIs ordered by 4 different doctors over 4 years – tremendous waste of the medical dollar. We need better access to ALL medical records – HIPAA has made it more difficult to get records and unnecessary repetitive testing results from that. We need smart cards to solve this problem. I do not know enough about Medicaid administration to make useful comments. I do know that some of the Medicaid patients are frequent utilizers and run up excessive costs – but I do not know the fix for that, unless some type of case manager would supervise patients with monthly or yearly medical bills above a particular threshold. Care has to be pared back, and this will not be easy or popular.</p> | | | | X | | DOH | <p>If HB 46 (2012) is passed, Medicaid and CHIP clients, along with state employees, would be required to participate in the CHIE.</p> |
| <p>Some items that are covered appear to be unnecessary, such as non prescription items (I have many Medicaid families [request] large prescriptions for Tylenol and Ibuprofen), humidifiers, etc.</p> | | | | | | ? | |
| Compliments | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Medicaid is a great [program] on the whole. I feel that they do business just as well or better than most insurance companies. | | | | X | | DOH | Thank you. We know there is always more that needs to be done to improve Medicaid. However, we appreciate the acknowledgement of what is working well today. |
| Increase Client CoPays/Client Incentives | | | | | | | |
| One work-around for those who absolutely cannot afford the co-pay would be a RN on call. She can screen patients. If she feels a patient should be seen in the [emergency room], she would give them a preauthorization code. This would allow them to not pay to be seen. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans could explore the arrangement proposed here as a way to provide quality services at a lower cost. |
| Have people work for what they [receive]. | | | X | X | | DOH | DOH has submitted an amendment to its existing 1115 PCN Waiver in order to create a pilot program that would require 8 hours of community service each month. CMS must approve this amendment before this pilot can begin. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|---------------|------|------|--|
| Co-pays are absolutely vital to cost control in Medicaid in Utah. | | | X | X | | DOH | Federal law generally prohibits copays for children and pregnant women on Medicaid. Other groups can be charged copays deemed "nominal" by CMS - generally about \$3. DOH included in the 1115 ACO Waiver a request to increase client copays. It does not appear that CMS will approve that request. |
| Increase/Provide Specific Services | | | | | | | |
| Medicaid with chronic conditions such as diabetes should get reminders of annual [Hemoglobin] A1c, foot care, eye exam to make them aware of these preventive services. This may help patients from delaying needed care. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Health plans could explore the arrangement proposed here as a way to provide quality services at a lower cost. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|------------|------|------|---|
| <p>Restore Medicaid dental benefits for adults for exam, x-rays and extractions only. This will save Medicaid medical for the cost of emergency room visits for serious infection. The next least expensive thing would be to allow oral surgeons and dentists to extract teeth in the emergency room with a medical code for reimbursement. The upside is fewer serious infections. The down side would be more toothless people who would less employable.</p> | | | X | | | | Legislature - appropriations |
| Pharmacy Coverage and Reimbursement | | | | | | | |
| <p>I serve on the [Pharmacy and Therapeutics] committee that was enacted by the Legislature a few years ago. The recommendations of the committee and the resultant medication contracts that the State has been able to sign have saved Utah hundreds of thousands of dollars, and those savings will continue to add up as time goes on.</p> | | | | | X | DOH | Federal law prohibits formularies for Medicaid. However, DOH has been very successful in operating a preferred drug list (PDL), which saved Medicaid \$27 million in FY 2011. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|-------------|------------|------|------|--|
| <p>Under current state law, the Pharmacy and Therapeutics committee is prohibited from even considering any psychoactive medications. This was put in the Legislation under lobbying pressure from the pharmaceutical industry, but doesn't make any sense. All private insurers in the State such as Blue Cross and Altius or [Deseret Mutual Benefit Administrators] consider all medications when they put together their preferred drug list. Just because the [Pharmacy and Therapeutics] committee considers a medication class, doesn't mean that a single preferred agent will be chosen. There are some classes, for example anti seizure medications, where the likely outcome of [Pharmacy and Therapeutics] consideration would be to say that it would be dangerous to restrict coverage so all medications must still be covered, however in other classes, there are expensive new medications that are minimal reformulations of generic medications where money could be saved with no detriment to patient care if a preferred drug list encouraged physicians to use the identically effective but much less costly medications first. Senator Christensen</p> | | | X | | | | <p>Expansion of the PDL to these drug classes would require a change in state law.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|--|
| Medicaid offers a surprisingly generous pharmaceutical formulary. It seems to be much easier to [get] the [medications] you want for Medicaid patients compared to private insurances. | | | X | | | DOH | Federal regulations require Medicaid to offer all drugs that pay the prerequisite primary rebate. |
| You should also mandate generic medication [prescriptions] first whenever available. | | | | | X | | Already in state law - please see UCA 58-17b-606 (4) and (5) |
| Emergency room usage | | | | | | | |
| There should be accountability by the patients to avoid [emergency room] visits for non-urgent issues and other expensive waste. The physicians could be asked if the visit was a necessary Emergency visit, and if not, action should be taken to remove abusive patients from the program. Medicaid patients should have to consider the financial consequences of obtaining medical care just like the rest of us even if they aren't the ones paying for it. | | | | X | | DOH | As a result of a legislative appropriation in FY 2011, DOH was able to continue its cost saving Emergency Department Diversion program that encourages Medicaid clients to be prudent in their use of the emergency department. For more information on DOH's Safe to Wait program, please see http://health.utah.gov/safetowait/ |
| Physician Issues with Medicaid | | | | | | | |
| It would help to have pharmacists more involved in the committee and decision making processes for [coverage] and formularies. | | | | | X | DOH | Pharmacists sit on the two Medicaid committees primarily responsible for these decisions. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/Fed | In Process | Done | Lead | Notes |
|--|----|---------|---------|------------|------|------|--|
| <p>Consider having a preferred provider network. Most physicians will not volunteer for this but you don't want most physicians. You want physicians who volunteer for this, and likely those who volunteer will treat Medicaid patients equally as those with BC/BS. Those physicians after a time could possibly get slightly higher reimbursement as part of preferred provider status. Unfortunately, if you tell physicians that they will get more reimbursement for preferred status everyone will sign up and defeat the purpose. The preferred could also be narrowed to include [pediatricians], [obstetrics]/[gynecology], family [medicine], general surgery as this is where 90% of the need is. Preferred provider for specialist may narrow down a small group already.</p> | | | | X | | DOH | <p>DOH operates a similar enhanced reimbursement for dentists that agree to see a high number of Medicaid clients. For physicians, the 1115 ACO Waiver will provide health plans and medical providers to explore the arrangements suggested in this recommendation.</p> |
| Specific Problems/Suggestions for Medicaid Eligibility | | | | | | | |
| <p>Train eligibility workers to be more [courteous] to their clients.</p> | | | | X | | DWS | <p>DWS expects eligibility staff to assist customers thoroughly at each contact. DWS staff are subject to phone monitoring.</p> |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|--|
| Have caseworkers expand their horizon. Learn about the needs of every individual in the geographical area of the State of Utah. Not everyone has the [accommodations] of different types of services/programs available within city limits. Not every town has a transit service. Our clients with no vehicle have to hitchhike, some with health problems. | | X | | | | DWS | DWS has a statewide eligibility service delivery model. This allows us to equalize workload and keep jobs in rural areas. DWS technology is such that eligibility determination is not hampered by geography challenges. |
| The biggest frustration my patients have is communication with their Medicaid representative. The interface agents with the patients are seemingly not at all interested in the clientele and their welfare, but in how to deny the service to the patient. | | | | X | | DWS | DWS expects eligibility staff to assist customers thoroughly at each contact. DWS staff are subject to phone monitoring. DWS staff are expected to explore Medicaid options for each household member. |
| I hear frequently of duplication in paperwork, or the office being closed on Friday when the patient can finally get there. I hear of unnecessary letters coming out to the patient because the office is closed on Friday and then the Monday is a holiday so the computer sends out a letter canceling a patient's Medicaid. | X | | | | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. Friday is now a normal business day for DWS. |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|-----------|----------------|---------------------|-----------------------|-------------|-------------|---|
| I am frustrated with the government worker mentality of doing as little as is possible and having no quota or goal to meet. My patients are frustrated that when the office is open their representative is frequently unavailable because they are in a meeting. | | | | X | | DWS | DWS expects eligibility staff to assist customers thoroughly at each contact. DWS staff are subject to phone monitoring. DWS staff are expected to explore Medicaid options for each household member. DWS eligibility caseloads are high. DWS Eligibility Specialists have specific metrics for which they are held accountable in their performance plans: volume, accuracy and timeliness. DWS has implemented a pay-for-performance pilot and has seen impressive results in volume and accuracy. |
| Medicaid helps a number of families who badly need help, but it appears that the rules for coverage are difficult to interpret, and getting coverage can be very cumbersome. | | | | X | | DWS | DWS acknowledges that the Medicaid eligibility process is complex. DWS and DOH are exploring ways to improve/streamline the application/renewal process. |
| Reimbursements | | | | | | | |
| The weakest part of Medicaid is the low reimbursement which limits access to specialists. It will likely always be so. | | | X | | | | Legislature - appropriations |
| Quality Care/Cost Containment | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|-----------|----------------|-----------------|-------------------|-------------|-------------|---|
| We practice medicine in a system that does not adequately reward quality. Medicaid is no exception to this. There is a perverse incentive to provide more services, more tests, and more treatments. We get paid for doing more things ... not for doing the right things. We are not compensated for our outcomes ... only for our processes. | | | | X | | DOH | Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves. |
| Investigation of payment strategies that reward providers for outcome rather than process would have the beneficial byproduct of improving processes. | | | | X | | DOH | See previous answer |
| Legislative Efforts | | | | | | | |
| The Legislature's recent efforts to reform the Medicaid outpatient hospital reimbursement method will help to stabilize the rising costs. | | | | | X | DOH | DOH implemented the OPPS payment methodology in September 2011. |
| Invest in Case Managers/Health Educators | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|---|----|---------|----------|------------|------|------|---|
| <p>There needs to be innovative use of health educators, nurses and pharmacists in this arena. This is where the concept of a Medical Home comes in and some sort of flat, per-patient fee given to a primary care provider or organization with some fee-for-service component financial bonuses to meet certain health goals. a provider or organization should have a certain population it is responsible for with the sicker folks spread out among different providers so no one gets overwhelmed with a real sick population. This may require putting some restraints on Medicaid patients on who they can have as a [primary care provider].</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs.</p> |
| Use Medical Homes for Medicaid Clients | | | | | | | |
| <p>When Medicaid patients can identify a specific “medical home” or primary care provider that this reduces unnecessary visits to Urgent Care and emergency facilities. Anything that can be done to assist/require Medicaid recipients to identify a consistent medical home would assist here.</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH has requested that medical homes be part of Utah Medicaid ACOs.</p> |
| Payment System Reform | | | | | | | |

Medicaid Survey Responses Implementation Tracking (Public Recommendations)

| Recommendation | NA | Low ROI | Leg/ Fed | In Process | Done | Lead | Notes |
|--|----|---------|-------------|---------------|------|------|--|
| <p>There is going to need to be some sort of return to capitated payments or a new bundled payment system rather than fee-for-service. I know this has been done before and has not been dropped. It's difficult because these patients can be very high users of services.</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves.</p> |
| Use Federal Health Care Reform to Innovate | | | | | | | |
| <p>The new Health Care Reform bill offers many grant opportunities, demonstration projects and incentives in payment and delivery system reform. Utah Medicaid staff should work closely with policymakers to determine which pilots and demonstrations make sense for Utah and aggressively pursue those opportunities.</p> | | | | X | | DOH | <p>Through the 1115 ACO Waiver, DOH hopes to get the incentives right. Health plans will have incentives to limit cost growth. Medical providers will have incentives to provide quality care at the lowest cost possible. Clients will earn incentives if they take appropriate care of themselves.</p> |