

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 21, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Trinette Middlebrook, Arthur Evans, Sara Stith, Tiffany Kinzler, Cindy Brock, Alexandra Fernandez, Katie Davis, Jennifer Pinkerton, and Alexandria Childers-Scott, DHW; Ramona Lee, West Ada School Dist.; Angie Williams and George Gutierrez, DHW-Medicaid; Lisa Hettinger, IDHW; Brian Monsen, Molina; Chelsea Wilsen, PPA; Jenny Robertson and Peter Sorensen, Blue Cross of Idaho

Chairman Wood called the meeting to order at 9:00 a.m.

Chairman Wood turned the gavel over to **Vice Chairman Wagoner**.

DOCKET NO. 16-0309-1802: **Sara Stith**, Grant Contracts Management Supervisor, Bureau of Medicare, Division of Medicaid, presented **Docket No. 16-0309-1802** to reinstate dental coverage to Medicaid's Basic Plan benefits and reflect the current program.

Matt Wimmer, Administrator, Division of Medicaid, was invited to answer committee questions. He said the intent of last year's legislation was to return benefits to their 2010 levels, with the same restrictions and limitations. Reasonable benefit limitations are established elsewhere in Rule.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0309-1802** with the exception of Subsection 803.04. **Motion carried by voice vote. Reps. Blanksma, Christensen, Vander Woude, Green(2), and Kingsley** requested they be recorded as voting **NAY**.

DOCKET NO. 16-0310-1805: **Sara Stith**, Grant Contracts Management Supervisor, Bureau of Medicare, Division of Medicaid, presented **Docket No. 16-0310-1805**, to restore dental benefits.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0310-1805**. **Motion carried by voice vote. Reps. Christensen and Green(2)** requested they be recorded as voting **NAY**

DOCKET NO. 16-0309-1805: **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1805**, incorporating changes to the Health Connections Program enrollment process to support a long-term provider-patient relationship, and establishing a patient-centered medical home (PCMH) relationship. The fixed enrollment process provides an open enrollment period and the ability to use cause to change their choice at any time.

Responding to questions, **Ms. Kinzler** said the value-based model is not supported by the current rule. A long-term patient and physician relationship benefits both parties. When Medicaid participants select their primary care physician, they may choose someone they find is not a good match. They have not had primary care physician access issues.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to reject **Docket No. 16-0309-1805**. **Motion failed by voice vote.**

SUBSTITUTE MOTION: **Rep. Rubel** made a substitute motion to approve **Docket No. 16-0309-1805**.

Rep. Davis, in support of the motion, said a physician relationship is important. The limits prevent people changing physicians when they want differing answers or prescriptions.

Rep. Blanksma spoke in opposition to the motion, stating there is nothing preventing such a relationship now. This limits patient interactions.

Answering questions, **Matt Wimmer**, Administrator, Division of Medicaid, explained, although physicians need time to get to know a patient, a change for cause provides an avenue to assure the patient gets the right care from the right physician.

Vice Chairman Wagoner put the committee at ease at 9:34 a.m. The meeting was called back to order at 9:37 a.m.

Mr. Wimmer, responding further, stated if a patient/physician relationship is not a right fit, it would be a cause for a change. If requesting a change because the physician refused to prescribe a drug not indicated or appropriate, the change for cause would be considered carefully, using inhouse physicians. Unfortunately, doctor shopping is real and there are physicians prescribing inappropriately. Although the Board of Medicine is relied upon, there is a provision to remove a network provider when patient danger or substandard care is involved.

ROLL CALL VOTE: Roll call vote was requested. **Substitute motion failed by a vote of 6 AYE, 6 NAY, 1 Absent/Excused. Voting in favor** of the motion: **Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Green(2). Chairman Wood was absent/excused.**

UNANIMOUS CONSENT REQUEST: **Vice Chairman Wagoner** made a unanimous consent request to **HOLD Docket No. 16-0309-1805** for a rehearing by the entire committee. **Reps. Zollinger, Green(2), and Christensen** objected.

AMENDED SUBSTITUTE MOTION: **Rep. Chew** made an amended substitute motion to **HOLD Docket No. 16-0309-1805** for a rehearing by the entire committee. **Motion failed by voice vote.**

DOCKET NO. 16-0309-1810: **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1810** to remove the third-party liability (TPL) prenatal services exclusion.

In response to questions, **Ms. Kinzler** said, if a liable third party is found after Medicaid has paid for services, reimbursement is pursued. Medicaid pays the difference between the billable charges and the insurance payment.

Matt Wimmer, explained the Bipartisan Budget Act would put Idaho outside of the CMS regulations if Medicaid continued to pay first when there is known insurance. This could lead to federal match issues. The changes have no impact on prenatal care in Idaho.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0309-1810**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1808: **Arthur Evans**, Bureau Chief, Developmental Disability (DD) Services, Division of Medicaid, Department of Health and Welfare (DHW), presented **Docket No. 16-0309-1808**. Changes align Community Based Rehabilitation Services (CBRS) definitions and provider qualifications with schools and communities.

Responding to questions, **Mr. Evans** said a written plan identifies the services. Although CBRS is available for adults, this Rule pertains to children. Child or adult-specific credentials can be obtained with additional classes. Specific credentials assure the professional understands his/her audience.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0309-1808**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1809: **Angie Williams**, School-Based Program Policy Analyst, Division of Medicaid, DHW, presented **Docket No. 16-0309-1809** to align provider qualification requirements for personal care services provided in schools with those in the community by removing the Elementary and Secondary Education Act of 1965 reference. There is no change to the current process or provider type.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0309-1809**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1801: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1801** to allow implementation of a phased-in mandatory program for the Idaho Medicaid Plus Program dual eligible members. Changes will provide coordination of Medicaid and Medicare benefits for a managed care delivery system for dual eligibles.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1802: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1802**. Since receiving a federal grant in 2012, two Idaho Home Choice Program services have increased the support for individuals receiving care in the setting of their choice and transitioning participants from institutional settings into community-based settings. The changes reflect the end of the grant program and its continuation within the Medicaid Program, as approved by the Centers for Medicare and Medicaid Services (CMS).

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1802**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1803: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1803**. Each Idaho nursing facility's Medicaid reimbursement uses a daily rate based on a variety of factors. The rates for ventilator or tracheostomy care are adjusted to allow for a fixed add-on rate, incorporating supplies, nursing, and certified nurses aide (CNA) hours. Documentation is reduced, special rate reimbursement timing is improved, and effective dates are changed to date the care was first rendered. Out-of-state special rate requests will be evaluated on a case-by-case basis.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1803**. **Motion carried by voice vote.**

DOCKET NO. This agenda item will be rescheduled.
16-0201-1801:

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:27 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary