

GLOBAL WAIVER IMPLEMENTATION TASK FORCE MEETING
December 21, 2009
Minutes

Task Force Members Attending: Paul Block, Elizabeth Burke Bryant, Elizabeth Earls, Elaina Goldstein, James Hardy, Rebecca Kiskik (representing Jane Hayward), Maureen Maigret, Everett Maxwell, Kathy McKeon, James Nyberg, Br. Michael Reis, Peter Stellja (representing Robert Coli), Judy Sullivan, Alan Tavares, Sharon Terzian, Linnea Tuttle, Dawn Wardyga, Vivian Weisman

Staff and Members of the Public Attending: Heather Daglier, Antonia Greco, Ann Messier, Paul Chouquette, Gerry Bedrick, Lori Quarantu, Michelle Szylin, Alan Pardee, Linda Ward, Kathleen Samways, Diana Beaton, Lynn DelVecchio, Lissa DiMauro, Karen Amado, Deborah Florio, Amy LaPierre, Corinna Roy, Patrice Cooper, Lisa Proctor, Ellen Mauro, Adriana Thomas, Deb Garneau, Beth Marootian, Roberta Merkle, Chris Gadbois, Kathy Dennard, Lee Baker, Ann Martino, Elena Nicolella

Ann Martino opened the meeting welcoming Task Force members and other participants. The Taskforce Workgroup recommendations have been reviewed and were given to the Secretary of EOHHS and the Directors. We will give feedback on the recommendations after the holidays, first to the Taskforce Workgroup chairs, then to the entire Taskforce at the January meeting. At the January meeting we will discuss if there needs to be any changes to the Workgroups, ie, eliminating some workgroups or the creation of new workgroups. Ann expressed her appreciation for all the work that was put into developing the recommendations.

Elena Nicolella presented an update on the 2010 Supplemental Budget. She explained the reason for the shortfall was not because the department overspent but was due to a decline in state revenues along with increased enrollment. There was a \$16 million shortfall for this fiscal year (SFY 2010). The Department has responded with a corrective action plan, which focuses on the least direct harm to individuals. We looked more at provider rate reduction and program integrity to meet budget targets. The changes are largely administrative and require no legislation or CMS approval.

SFY 2010 Supplemental Budget
Proposed Cost Savings

1. A cut of \$3.6 million from four hospitals in uncompensated care payments as follows:

South County Hospital	\$ 500,000
Westerly Hospital	\$ 750,000
Kent County Hospital	\$ 800,000
Miriam Hospital	\$ 1.6 million

This would require a change in legislation.

2. A one-time cut of \$2.6 million (state and federal) to hospitals. This will be imposed on all hospitals that bill Medicaid and will occur in the last fiscal quarter of SFY 2010. We are also changing the way we pay hospitals and are moving to a cost-based reimbursement, which will be effective on April 1, 2010. This change does not require General Assembly approval.

3. Another cut of \$500,000 involves Emergency Room visits coding. There has been an intensive review of ER visits. This cut will be implemented in the last 6 months of this fiscal year, Jan- June 2010. The NICU, Neonatal Intensive Care Unit, is also being cut by \$750,000. This does not effect DSH payments.
4. We are also looking at High Cost Case Review. We are actively pursuing this area to see if we can achieve savings here. This initiative did not include savings but under the corrective action plan, staff are now reviewing hospitalizations, re-hospitalizations and ER utilization.
5. Hospice Services have been reviewed and a total of \$200,000 will be cut in the last months of SFY 2010. Now nursing homes will be required to receive prior authorization for hospice services in a nursing home and standards will be applied more consistently. Currently, if a person who is dual-eligible (Medicare/Medicaid) is admitted to a nursing home for hospice care, Medicaid is billed 95 % of the room and board costs. We will apply for a waiver in January with CMS on hospice care.
6. Home and Community Based Services: a cost savings of \$200,000 will be assigned to the Habilitation Program. We are working closely with PARI on this. The administration of the program was recently brought in-house and we will be looking at eligibility criteria. Currently, there are 22 people served by this program.
7. Personal Choice Program has been assigned a cost savings of \$200,000 mostly through program integrity and decreasing administrative costs.
8. RItE Care/ RItE Share. There is a \$1.4 million in cost savings by optimizing third party utilization by enrolling eligible members in RItE Share instead of RItE Care. There are about 1,000 individuals who may be eligible for RItE Share.
9. Selective Contracting for DME (Durable Medical Equipment). We initially did not assign cost savings to this initiative but there is a potential \$420,000 cost savings (from all funds). The department will make a decision in January on DME vendor(s).
10. Assisted Living. There is \$880,000 assigned in cost savings to Assisted Living under the SSI-D program (Enhanced). This initiative would set certification standards for SSI-D facilities that will enable them to become Medicaid providers. They will then be able to offer a higher level of care to some residents who are Medicaid-eligible. This certification would allow them to bill Medicaid for certain services received at the facility. This initiative would also decrease the amount paid to SSI-Enhanced recipients and instead pay the facility at a cost saving. This initiative doesn't require legislation.
11. Cost Savings re: Prescription Drugs. Another initiative is a \$250,000 cost savings associated with prescription drugs. This affects the fee-for-service system, so Connect Care Choice is affected, but there is no impact on duals eligibles.
12. There is a proposed decrease of payment to Travis Pediatric Center of \$200,000, which is still under review.

13. The Department is working to redesign eligibility for certain individuals and save \$605,000. This savings is accomplished by taking some individuals who are on welfare (PRWORA) and 100% state funded and determine if they may be Medicaid eligible. About 290 individuals would be affected by this change.

Some of these changes are Category II changes and would require CMS approval and review by the General Assembly Oversight Committee.

Updates on Real Choices

Ann Martino commented that the state has received the first draft of the Hilltop report. There was a small response rate from providers so the Department is looking into utilizing HCBS claim data to add to this report's findings. We are using Brown University's MDS data to establish baseline acuity for nursing home patients. Ann also mentioned that the Department has received several resumes for the Evaluation position under the Real Choices grant. The review process is still underway.

Ann stated that there will be an update at the next meeting regarding on HIT (Health Information Technology) and more on national health care reform. She will also present the recommendations from the Workgroups that will be moving forward. The Workgroup Chairs will receive this information prior to the next Taskforce meeting.

Next meeting of the GW Taskforce is January 25, 2010 from 1-3 pm. Location to be determined.