2009 SENATE HUMAN SERVICES

SB 2337

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2337

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 2-02-09

Recorder Job Number: 8393

Committee Clerk Signature Mary K Minson

Minutes:

Senator J. Lee opened the hearing on SB 2337 relating to creating a legislative council medical assistance committee; to provide a continuing appropriation; to provide an appropriation; and to provide an expiration date.

Sen. Tom Fischer (District 46) introduced SB 2337 as a sponsor. Attachment #1.

Senator J. Lee asked what the priority areas are.

Sen. Fischer replied that he always wanted to look at all the pieces of Medicaid. The time line of this bill is probably not adequate but a great deal of work should be able to be done in that time.

Arnold Thomas (ND Healthcare Association) provided testimony in support of SB 2337.

Attachment #2.

He also provided the committee with testimony from **Bruce Levi** (NDMA) who was unable to be present. Attachment #3.

There was no opposing testimony.

Senator J. Lee asked if anyone would comment on the work of the Medicaid Advisory Council.

Maggie Anderson (Medical Services Division) gave an overview of the topics and direction that the Medical Advisory Committee has taken since the 2007 legislative session. At their

Bill/Resolution No. SB 2337

Hearing Date: 2-02-09

June 2008 meeting the committee agreed on three focus areas (1) dental access (2) care coordination and (3) telehealth and telemedicine.

They have a regulatory responsibility from the Medicaid regulations to have a Medical Advisory Committee. They use that responsibility to keep the committee informed on what's happening in terms of the directives from the previous legislative sessions as well as engaging that group to help shape where the Medicaid program should go in the future.

Senator J. Lee asked what areas they are currently reviewing in subsection 4.

Ms. Anderson addressed the different areas in subsection 4 and explained what they are doing.

Senator J. Lee asked Ms. Anderson if she would provide the committee with some written remarks.

Ms. Anderson said she would.

Senator J. Lee asked Sen. Fischer if in respect to 4f there was another high risk pool other than CHAND?

Sen. Fischer said, when reviewing, review all options. His intention is that a lot of money is spent on Medicaid and if the federal government is going to look at enhancing these cost shares it is imperative that legislators look at this and see what kind of policy they are going to set in the next session.

Senator J. Lee had some concerns with including the high risk pool and the premium assistance programs. The high risk pool is CHAND unless there is another one that is private. The premium assistance seems like it relates more to private insurance.

Sen. Fischer said there was no discussion about looking at high risk pool compared to CHAND. Maybe there was some added value in evaluating implementation of risk sharing arrangements.

Page 3 Senate Human Services Committee Bill/Resolution No. SB 2337 Hearing Date: 2-02-09

Senator J. Lee asked if Mr. Thomas was one of the parties involved with determining the language.

Sen. Fischer said this is a lot of 1404.

Arnold Thomas said they were wondering if they could address smaller segments of the Medicaid user population and see whether they could improve services but have a better cost outcome.

The hearing on SB 2337 was closed.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2337

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 2-03-09

Recorder Job Number: 8537

Committee Clerk Signature

Mary K Morson

Minutes:

Senator J. Lee opened SB 2337 for discussion. This is about the medical assistance committee which is different from the Medicaid Advisory Committee which has been meeting. She agrees that there might be improvement in the medical assistance program.

The MMIS system is supposed to be operational next year which would make a difference in the way a lot of these things can be done.

General committee discussion covered the MMIS system, the current advisory committee members and the function they have, the need to be respectful of what is ongoing. Questions posed: What is to be gained from it? What will it take them away from that needs to be done? Is there something to be looked at that isn't being looked at?

There is wonderful data on the small niche of people served by Medicaid that cost the most money – primarily the aged and disabled category.

Senator J. Lee suggested having Maggie Anderson meet with the committee to answer more questions. She asked if there is a way to amend the bill to address the issues that are most relevant.

Senator Heckaman suggested that maybe Ms. Anderson could give some ideas on what this bill is asking that could be rolled over into the Advisory Council.

Page 2 Senate Human Services Committee Bill/Resolution No. SB 2337 Hearing Date: 2-03-09

More discussion evolved around the language in SB 2337 and the thought that it wasn't leading to anything positive.

Senator J. Lee said she would talk to Ms. Anderson.

Committee work was closed for the day.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2337

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 2-04-09

Recorder Job Number: 8605, 8694

Committee Clerk Signature

Mary Kmmson

Minutes:

Senator J. Lee brought the committee to order and opened SB 2337 for discussion.

Information that was requested from Maggie Anderson was provided. Attachment #4. It included names of the people on the Medical Advisory Council, what was requested last time dealing with a recipient or advocate, and the 2007-09 interim activities.

Committee discussion: Adding to the Medicaid Medical Advisory Committee and having them do an update over the interim instead of forming another committee, committee members, who would send out an RFP for the vendor, frequency of meetings, voting members of the proposed committee, purpose of the Medicaid Advisory Committee.

The chart of ongoing activities was discussed. Attachment #5.

The intent of the sponsors was discussed.

Maggie Anderson appeared before the committee at the request of Senator J. Lee.

She answered questions about the budget and vendors. There is not specific budget – they do budget for travel for people who sit on the committee for individuals who don't otherwise have travel within their agency to cover the cost. Vendors who have assisted with specific projects on the Medical Advisory Committee are vendors that are already under contract.

Senator Heckaman asked if there are any parameters they need to stay within since this is a federally mandated committee.

Ms. Anderson said the regulations set forth a minimum number of individuals and she explained who they are. There is no limit to how many just the minimums they have to have. **Senator Heckaman** asked if there are only specific topics they can address.

Ms. Anderson said they can address anything related to Medicaid. The work of the committee can be as specific or as broad as the committee and department directs it to be. She also addressed cost studies, rebasing studies, using outside venders, and program updates and issues.

Senator Dever asked what the committee participation was like.

Ms. Anderson said it has turned into a large group of people. In addition, they have been good at doing public notice and posting information. They usually set 10-15 extra chairs for the audience. In general they have excellent participation from committee members.

Senator Heckaman asked if the advisory committee has a long term strategic plan.

Ms. Anderson said they do not currently have one. The dept. has a strategic plan and one of the strategic initiatives in their plan is the Medicaid makeover.

Senator J. Lee asked if it would be helpful to allow some expansion of the responsibility of this committee to include a strategic plan.

Ms. Anderson – it wouldn't harm any of the work of the committee and would certainly provide some focus.

Interim committees and studies were discussed. This bill as it stands would create a new interim committee which would be a short term committee. The appropriation was discussed.

Senator J. Lee summarized some of the possible amendments that had been discussed.

expand the responsibilities of the current medical assistance committee

- develop a 5 and 10 year strategic plan

include on-going activities, pilot programs

have the money run through the department

report on a regular basis

- use of an outside vendor

More discussion on these possible amendments and Ms. Anderson said they would try to put something together for the committee.

Job #8694

Committee discussion continued on SB 2337.

Ms. Anderson had some amendments ready for the committee to look at. Attachment #6.

She walked through the amendments in detail.

Senator Dever said it appeared to do what they intended it to do.

Senator J. Lee asked Carol Olson if she wanted to make any comments.

Carol Olson (Dept. of Human Services) addressed the committee and said the amendments make this a better piece of legislation. She reminded the committee that this doesn't come without a resource pull.

Senator J. Lee – How can we support the effort you are already doing in some way with this bill? Is there anything more to consider doing or changing in order to not be redundant and not lay a lot of additional workload on you staff?

Page 4

Senate Human Services Committee

Bill/Resolution No. SB 2337

Hearing Date: 2-04-09

Ms. Olson replied that if the amendments are adopted as they are, it could be accomplished if

they work properly with the vendor - If they vendor would not rely so heavily on the resources

of the division.

Senator Heckaman asked if the strategic plan would cause a problem. Would the five year, in

the middle of a biennium, be a problem?

Ms. Olson said their strategic plan is ongoing and stretches out a couple of years into the

future. Ten years might be too far down the road. Five wouldn't be bad.

A review of the strategic plan to see if it is appropriate to hire a vendor was thrown out for

discussion. A delayed implementation was addressed with a suggested date of

July 2010 instead of July 2009.

Senator Erbele moved to adopt the amendments with a delayed implementation date.

Seconded by Senator Dever.

Roll call vote 6-0-0. Amendment adopted.

Senator Heckaman moved a Do Pass as Amended and rerefer to appropriations.

Seconded by **Senator Marcellais**.

Roll call vote 3-3-0.

Senator Dever moved a Do Not Pass as amended.

Seconded by **Senator Erbele**.

Discussion that there seems to be a communications issue and that the end result of passing

this doesn't seem to help anybody.

Roll call vote 4-2-0. Motion carried.

Carrier is Senator Dever.

NO. 2337

PROPOSED AMENDMENTS TO SENATE BILL NO. 2337

- Page 1, line 1, replace "54-35" with "50-06"
- Page 1, line 2, replace "creating a legislative council medical assistance committee" with "a study of the state's medical assistance program"
- Page 1, line 3, after the second semicolon insert "to provide an effective date;"
- Page 1, line 6, replace "Committee on medical assistance Membership Dutles -" with "A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Medical assistance program analysis -"

- Page 1, remove lines 8 through 24
- Page 2, line 1, replace "4. The committee" with "1. A medicaid medical advisory committee appointed by the executive director"
- Page 2, line 2, after "for" insert "service delivery,", remove the first underscored comma, and replace "committee" with "study is to result in the preparation of a five-year and ten-year strategic plan for the North Dakota medical assistance program. The legislative council"
- Page 2, line 3, remove "actuarially based"
- Page 2, line 4, replace "and reform options to ensure the future long-term" with "for the preparation of the strategic plan. The consultant shall provide reports to the medicaid medical advisory committee"
- Page 2, line 5, remove "sustainability of the program"
- Page 2, line 12, remove "and patient access in the state's health care system,"
- Page 2, line 13, remove "including the uninsured and underinsured"
- Page 2, remove lines 14 and 15
- Page 2, line 16, replace "f." with "e." and remove "the implementation of risk-sharing"
- Page 2, line 17, remove "arrangements,", replace "and" with an underscored comma, and remove "a high-risk pool,"
- Page 2, line 18, remove "and a", replace "program" with "programs", after "of" insert "a", and replace "projects" with "project"
- Page 2, line 19, replace the underscored period with ";
 - f. Consider the health care studies and reforms occurring at both the national and state levels to ensure the state medical assistance strategic plan is compatible with the overall health care environment; and

g. Information regarding"

- Page 2, line 20, remove "5. The committee shall engage consultant services to study"
- Page 2, line 24, replace "6." with "2."
- Page 2, line 25, after "the" insert "medicaid medical advisory" and remove "on medical assistance"
- Page 2, remove lines 30 and 31
- Page 3, remove lines 1 through 3
- Page 3, line 7, replace "\$150,000" with "\$100,000" and after the third "the" insert "department of human services for the purpose of paying the vendor under the contract with the"
- Page 3, line 8, replace "purpose" with "cost" and remove "actuarial and"
- Page 3, line 9, after "analysis" insert "and development of the strategic plan"
- Page 3, after line 10, insert:

"SECTION 3. APPROPRIATION. There is appropriated out of special funds derived from federal funds and other income the sum of \$50,000, or so much of the sum as may be necessary, to the legislative council for activities necessary in carrying out section 1 of this Act, for the biennium beginning July 1, 2009, and ending June 30, 2011.

SECTION 4. EFFECTIVE DATE. This Act becomes effective on July 1, 2010."

Renumber accordingly

			Date:2-4-09	, 	······································
			Roll Call Vote #:		
2009 SENATE STA	NDING	COMM	ITTEE ROLL CALL VOTES		
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nators	Yes	No	Senators	Yes	No
ee, Chairman	V		Senator Joan Heckaman	V	
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ever	V		Senator Jim Pomeroy	V	
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Senator Robert Erbele, V.Chair	<i>\sigma</i>	Senator Richard Marcellais	~	
Senator Dick Dever		Senator Jim Pomeroy	V	
Total (Yes)	,	<u> </u> No ⊘	, ***	
Absent)			

Senate

Action Taken

Motion Made By

Floor Assignment

☐ Check here for Conference Committee

If the vote is on an amendment, briefly indicate intent:

Legislative Council Amendment Number

Senators

Senator Judy Lee, Chairman

Date:	<u> </u>	1-09	
Roll Call Vo	ote#:	2	

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. <u>SB 2337</u>

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Senate	H	uman	Serv	rices	Com	mittee
☐ Check here	for Conference C	ommitte	ee			
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Motion Made By	Sen. Heckan	nar	Se	econded By Sen. Mar	cellai	· <u>.</u>
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Senator Dick De	ver		V	Senator Jim Pomeroy	V	
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Date:	2-4-09	
Roll Call Vote #: _	3	

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 5B 2337

Senate	Hu	ıman	Serv	rices	Com	mittee
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Legislative Counc	cil Amendment Num	ber _	90	956.0101 Tis	tle	.0200
Action Taken	☐ Do Pass 🏹 [☐ Adopt Amendr			☑ Amended ☐ Rerefer to A ☐ Reconsider	ppropri	ations
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Module No: SR-24-1973

Insert LC: 90956.0101 Title: .0200

REPORT OF STANDING COMMITTEE

- SB 2337: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO NOT PASS (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2337 was placed on the Sixth order on the calendar.
- Page 1, line 1, replace "54-35" with "50-06"
- Page 1, line 2, replace "creating a legislative council medical assistance committee" with "a study of the state's medical assistance program"
- Page 1, line 3, after the second semicolon insert "to provide an effective date;"
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- Page 2, line 19, replace the underscored period with ";
 - Consider the health care studies and reforms occurring at both the national and state levels to ensure the state medical assistance strategic plan is compatible with the overall health care environment; and

Module No: SR-24-1973
Carrier: Dever

Insert LC: 90956.0101 Title: .0200

g. Information regarding"

Page 2, line 20, remove "5. The committee shall engage consultant services to study"

Page 2, line 24, replace "6." with "2."

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SECTION 4. EFFECTIVE DATE. This Act becomes effective on July 1, 2010."

Renumber accordingly

2009 TESTIMONY

SB 2337

SB 2337

Madam Chair and members of the Human Services Committee

For the record, my name is Tom Fischer, State Senator, District 46, Fargo

SB 2337 establishes a committee to review Medical Assistance and Services.

This legislation was defeated in the 2007 Session because of duplication with the Governors Medicaid Advisory committee.

I served on the Governors committee and found that it did not address Medicaid issues adequately. That is the reason for this legislation.

I would hope that this new committee would research Medicaid services in detail and return with recommendations that would be beneficial to both the taxpayer and the recipients of Medicaid services.

This legislation has a sunset of December 31, 2010

Thank you Madam Chair and committee members



Vision

The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission

The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

Testimony on Senate Bill 2337 Senate Human Services Committee February 2, 2009

Chairman Lee, Members of the Senate Human Services Committee. I am Arnold Thomas, President of the North Dakota Healthcare Association, here in support of SB 2337.

SB 2337 would create a mechanism and funding to review the strength and weaknesses of the medical assistance program and through a factual analysis identify options for ensuring the future long term sustainability of the program.

SB 2337 is timely from two perspectives. With the array of health and medical care changes being discussed nationally a longer term look at sustainable medical assistance alternatives is timely. For example, it is increasingly apparent that the Congress will take action to increase the level of federal support for state's Medicaid programs. It is unclear at this time how much will be allocated to each state, the criteria for the allocation, or the duration and conditions associated with the funding. Perhaps the most important of all questions is the long term program implications for the states due to this federal action. SB 2337 provides a mechanism with breadth and depth to address such questions.

ND's demographics also support the need and focus of this bill. As our population continues to age and shift eastward and along transportation corridors, what are the challenges created by these factors for medical assistance and changes needed for successful address? SB 2337 provides a mechanism with depth and breadth to address these matters.

Chairman Lee and committee members, I will be pleased to entertain questions you may have.



NORTH DAKOTA MEDICAL ASSOCIATION

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Robert A. Thompson, MD Grand Forks President

Kimberly T. Krohn, MD Minot Vice President Council Chair

A. Michael Booth, MD Bismarck ecretary-Treasurer

Steven P. Strinden, MD Fargo Speaker of the House

Gaylord J. Kavlie, MD Bismarck AMA Delegate

Robert W. Beattie, MD Grand Forks AMA Alternate Delegate

Shari L. Orser, MD Bismarck Immediate Past President

> Bruce Levi Executive Director

Dean Haas General Counsel

Leann Tschider Director of Membership Office Manager

Annette Weigel ninistrative Assistant

Testimony in Support of Senate Bill 2337 Senate Human Services Committee February 2, 2009

Madam Chair Lee and Committee Members, I'm Bruce Levi representing the North Dakota Medical Association. NDMA is the professional membership organization for North Dakota's physicians, residents and medical students.

There has been considerable discussion in different forums over the past several years on how to ensure the long-term sustainability of the North Dakota medical assistance program. The state's medical assistance providers including physicians have been a part of that discussion. Prior to the 2005 legislative session, we participated in the Governor's Medicaid work group – a group comprised of all Medicaid service providers, legislators, private insurers and others supported by staff of the Department of Human Services, OMB and the Department of Health -- which resulted in a number of recommendations. HB 1459 from the 2005 Legislative Assembly became a vehicle for several legislative initiatives, and other initiatives were discussed during the 2005-06 interim and 2007 session.

SB 2337 would provide a vehicle for continued discussion during the 2009-10 interim of options for Medicaid benefits, management, and reimbursement reform, including funding support for consultant services to determine the progress of current initiatives and an actuarially-based analysis of the medical assistance program and reform options.

SB 2337 creates a temporary Legislative Council committee, much like the now expired Electric Industry Competition Committee (NDCC 54-35-18.1) and other Legislative Council standing committees. The purpose of the committee, like other Legislative Council committees, is to study and make recommendations. The committee would not issue policies, rules, or decisions or exercise administrative discretion in the administration or supervision of the Medical program. The standing committee would complement the Medical Care Advisory Committee, which is the federally-mandated advisory committee (42 CFR 431.12).

SB 2337 would provide an appropriate vehicle for ongoing discussion with consultant assistance by medical assistance providers with both the Department of Human Services and legislators. NDMA urges a "Do Pass" on the bill.

Attachment E

North Dakota Department of Human Services Medicaid Medical Advisory Committee

Salutation	First	Last	Organization
MS	KIMBER	WRAALSTAD	ND HEALTHCARE ASSOCIATION
DR	KIM	KROHN	ND MEDICAL ASSOCIATION
DR	TERRY	DWELLE	ND DEPT OF HEALTH
MR	ARNOLD "Chip"	THOMAS	ND HEALTHCARE ASSOCIATION
MR	BRUCE	LEVI	ND MEDICAL ASSOC
MR	MIKE	SCHWAB	ND PHARMACY ASSOC
MS	SHELLY	PETERSON	NORTH DAKOTA LONG TERM CARE ASSOCIATION
MS	NANCY	KOPP	ND OPTOMETRIC ASSOC
MR	JOE	CICHY	ND DENTAL ASSOC
MS	BEV	ADAMS	HEALTH POLICY CONSORTIUM
DR	GARY	BETTING	MEDICAL CONSULTANT - ND DEPT OF HUMAN SERVICES
MR	LARRY	BERNHARDT	ND COUNTY SOCIAL SERVICE DIRECTORS ASSOCATION
MS	TAMI	WAHL	GOVERNOR'S OFFICE - STATE OF NORTH DAKOTA
MS	TAMMY	THEURER	NORTH DAKOTA ASSOCIATION FOR HOME CARE
MS	BARBARA	MURRY	NORTH DAKOTA ASSOCIATION OF COMMUNITY FACILITIES
REPRESENTATIVE	MARY	EKSTROM	
REPRESENTATIVE	LOUISE	POTTER	
REPRESENTATIVE	CLARA SUE	PRICE	
REPRESENTATIVE	KEN	SVEDJAN	
SENATOR	AARON	KRAUTER	
SENATOR	JOHN	WARNER	
SENATOR	TOM	FISCHER	
SENATOR	RAY	HOLMBERG	
SENATOR	Agnr	JEE	
MR	RANDY	SORENSEN	OPTIONS RESOURCE CNTR FOR INDEPENDENT LIVING
MR	NATHAN	AALGAARD	FREEDOM RESOURCE CENTER
MR	JIM	MOENCH	ND DISABILITY ADVOCACY CONSORTIUM
MS	KAREN	LARSON	COMMUNITY HEALTHCARE OF THE DAKOTAS
MR	BRUCE	MURRY	ND PROTECTION AND ADVOCACY

North Dakota Department of Human Services Medicaid Medical Advisory Committee

MS		OLSON	DEPARTMENT OF HUMAN SERVICES
MS	TOVE	MANDIGO	DEPARTMENT OF HUMAN SERVICES
MS		WEISZ	DEPARTMENT OF HUMAN SERVICES
MS		HOESEL	DEPARTMENT OF HUMAN SERVICES
MS		STEFFAN	DEPARTMENT OF HUMAN SERVICES
MS	MAGGIE	ANDERSON	DEPARTMENT OF HUMAN SERVICES

North Dakota Department of Human Services Medicaid Medical Advisory Committee 2007-09 Interim Activities

2007 Legislative Implementation Updates

Waiver for Medically Fragile

Buy In for Children

Cost Rebasing

Fluoride Varnish for Children

Healthy Steps Income Disregards/Deductions changes

New Services in HCBS Waiver DUR Board Activities SCHIP Increase and Outreach Addition of Geropsych Beds

Program Updates and Issues

HCBS and DD Waiver Updates and Renewals

Online Billing implementation for HCBS

PACE Program

SCHIP Reauthorization

Disease Management

Medicaid proposed regulations and impact (Targeted Case Management, for example)

Mid-Level Practitioners as PCPs

CMS Reviews (Dental, Personal Care, Program Integrity)

Money Follows the Person

Transportation workgroup with DOT

Long Term Care Partnership - State Plan and Outreach efforts

MDS Workgroup

Assisted Living Workgroup

Payment Error Rate Measurement (PERM) – process and outcomes

ER Diversion Grant

Modernizing Medicaid

Preparation and Refinement of "visual diagram"

Thomson Health Care - Data presentation

Request of NCSL for information related to the efforts of other states

Based on the committee direction, it was decided that the committee would focus on three items in this area:

Dental Access and Administration

Care Coordination

Telehealth/Telemedicine

Prepared and Released a Request for Information related to Dental Services.

Three responses were received. The responses were reviewed at the December 2008 meeting and the committee decided to table the discussion until after the 2009 Legislative Session.

Arranged or Blue Cross/Blue Shield to present their "advanced medical home" project.

The committee knew of this project and has selected "care coordination" as one of its work areas. There was an interest in knowing what BC/BS was implementing in case there is an opportunity to partner with them on this effort.

Telemedicine/Telehealth

This area is slated for discussion at the June 2009 meeting

Updates on Medicaid Systems Project (MMIS Replacement)

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1404

Page 1, line 17, after "and" insert "at least three members from"

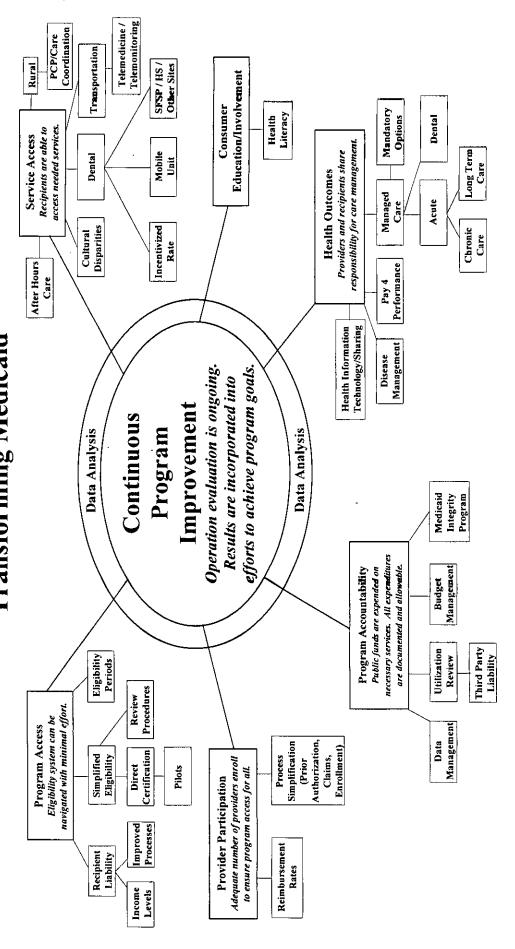
Page 1, line 18, after "services" insert "which must include the executive director, the medical services division director, and the legal advisory unit director"

Page1, after line 20 insert:

"d. At least one member who is either a medical assistance recipient or an advocate for medical assistance recipients."

Renumber accordingly

North Dakota Department of Human Services Transforming Medicaid



PROPOSED AMENDMENTS TO SENATE BILL NO. 2337

- Page 1, line 1, replace "54-35" with "50-06"
- Page 1, line 2, replace "creating a legislative council medical assistance" with "a study required by the medical medical advisory"
- Page 1, line 6, replace "Committee on medical assistance Membership Duties –" with "Medicaid medical advisory committee study "
- Page 1, line 8, remove "The legislative council shall appoint a medical assistance committee.

 Membership"
- Page 1, remove lines 9 through 24
- Page 2, line 1, remove "4." and after "The" insert "medicaid medical advisory committee appointed by the executive director of the department of human services"
- Page 2, line 2, after "for" insert "service delivery,", remove the first underscored comma, and replace "committee" with "study is to result in the preparation of a five-year and ten-year strategic plan for the North Dakota medical assistance program. The Legislative Council"
- Page 2, line 3, remove "actuarially based"
- Page 2, line 4, remove "reform options to ensure the future long-term"
- Page 2, line 5, replace "<u>sustainability of the program</u>" with "<u>for the preparation of the strategic plan.</u>

 The consultant will provide reports to the medical medical advisory committee"
- Page 2, line 12, remove "and patient access in the state's health care system,"
- Page 2, line 13, remove "including the uninsured and underinsured"
- Page 2, line 14, remove "Evaluate the current commercial insurance market in conjunction with federal"
- Page 2, remove line 15
- Page 2, line 16, remove "f." and remove "the implementation of risk-sharing"
- Page 2, line 17, remove "arrangements,", replace "and" with an underscored comma, and remove ", a high risk pool"
- Page 2, line 18, remove "and a", replace "program" with "programs", after "of" insert "a" and replace "projects" with "project"
- Page 2, line 19, replace the underscored period with an underscored semi-colon
- Page 2, after line 19 insert:

- "f. Consider the health care studies and reforms occurring at both the national and state levels to ensure the North Dakota medical assistance strategic plan is compatible with the overall health care environment; and"
- Page 2, line 20, replace "5. The committee shall engage consultant services to study" with "g. Include information on"
- Page 2, line 24, replace "6." with "2."
- Page 2, line 25, after "the" insert "medicaid medical advisory" and remove "on medical assistance"
- Page 2, remove lines 30 and 31
- Page 3, remove lines 1 through 3
- Page 3, line 7, replace "\$150,000" with "\$100,000" after the third "the" insert "department of human services for the purpose of paying the vendor under contract with the"
- Page 3, line 8, replace "purpose" with "cost" and remove "actuarial and"
- Page 3, line 9, after "analysis" insert "and development of the strategic plan"
- Page 3, line 11, after "3." insert: "APPROPRIATION. There is appropriated out of special funds derived from federal funds or other income, the sum of \$50,000, or so much of the sum as may be necessary, to the legislative council for the other activities necessary in carrying out section 1 of this Act, for the biennium beginning July 1, 2009, and ending June 20, 2011.

SECTION 4."

Renumber accordingly

- Page 1, line 2, replace "creating a legislative council medical assistance" with "a study required by the medical advisory"
- Page 1, line 3, after the second semi-colon, insert "to provide an effective date;"
- Page 1, line 6, replace "Committee on medical assistance Membership Duties –" with "Medicaid medical advisory committee study "
- Page 1, line 8, remove "The legislative council shall appoint a medical assistance committee.

 Membership"
- Page 1, remove lines 9 through 24
- Page 2, line 1, remove "4." and after "The" insert "medicaid medical advisory committee appointed by the executive director of the department of human services"
- Page 2, line 2, after "<u>for</u>" insert "<u>service delivery</u>,", remove the first underscored comma, and replace "<u>committee</u>" with "<u>study</u> is to result in the preparation of a five-year and ten-year strategic plan for the North Dakota medical assistance program. The Legislative Council"
- Page 2, line 3, remove "actuarially based"
- Page 2, line 4, remove "reform options to ensure the future long-term"
- Page 2, line 5, replace "<u>sustainability of the program</u>" with "<u>for the preparation of the strategic plan.</u>
 The consultant will provide reports to the <u>medical medical advisory committee</u>"
- Page 2, line 12, remove "and patient access in the state's health care system,"
- Page 2, line 13, remove "including the uninsured and underinsured"
- Page 2, line 14, remove "Evaluate the current commercial insurance market in conjunction with federal"
- Page 2, remove line 15
- Page 2, line 16, remove "f." and remove "the implementation of risk-sharing"
- Page 2, line 17, remove "arrangements,", replace "and" with an underscored comma, and remove ", a high risk pool"
- Page 2, line 18, remove "and a", replace "program" with "programs", after "of" insert "a" and replace "projects" with "project"
- Page 2, line 19, replace the underscored period with an underscored semi-colon



Page 2, after line 19 insert:

"f. Consider the health care studies and reforms occurring at both the national and state levels to ensure the North Dakota medical assistance strategic plan is compatible with the overall health care environment; and"

Page 2, line 20, replace "5. The committee shall engage consultant services to study" with "g. Include information on"

Page 2, line 24, replace "6." with "2."

Page 2, line 25, after "the" insert "medicaid medical advisory" and remove "on medical assistance"

Page 2, remove lines 30 and 31

Page 3, remove lines 1 through 3

Page 3, line 7, replace "\$150,000" with "\$100,000" after the third "the" insert "department of human services for the purpose of paying the vendor under contract with the"

Page 3, line 8, replace "purpose" with "cost" and remove "actuarial and"

Page 3, line 9, after "analysis" insert "and development of the strategic plan"

Page 3, line 11, after "3." insert: "APPROPRIATION. There is appropriated out of special funds derived from federal funds or other income, the sum of \$50,000, or so much of the sum as may be necessary, to the legislative council for the other activities necessary in carrying out section 1 of this Act, for the biennium beginning July 1, 2009, and ending June 20, 2011.

SECTION 4. EFFECTIVE DATE. This Act becomes effective on July 1, 2010.

SECTION 5."

Renumber accordingly