

Medicaid Waiver Recommendations: MCAC Ratings



1. Please rate the importance of these recommendations related to medical home definition.

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Need to define medical home at outset.	64.3% (9)	21.4% (3)	7.1% (1)	0.0% (0)	7.1% (1)	0.0% (0)	4.36	14
Medical home definition should support patient-centered medical homes (American Academy of Family Physicians)	64.3% (9)	28.6% (4)	7.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.57	14
Physicians need to be the front voice for defining what a medical home is and what it means	35.7% (5)	21.4% (3)	28.6% (4)	14.3% (2)	0.0% (0)	0.0% (0)	3.79	14
							answered question	14
							skipped question	0

2. Recommendations related to ACO standards.

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Hospitals should be allowed to form ACOs that have authority to identify beneficiaries at time of enrollment.	14.3% (2)	28.6% (4)	57.1% (8)	0.0% (0)	0.0% (0)	0.0% (0)	3.57	14
Hospitals should be allowed to enter into two-sided risk arrangements with physicians & other providers.	7.1% (1)	64.3% (9)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	3.79	14
Hospitals should be allowed to apply 'best practice' managed care techniques.	35.7% (5)	50.0% (7)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.21	14
ACOs must be able to impose additional cost sharing and deductibles if beneficiaries go outside the system	0.0% (0)	28.6% (4)	28.6% (4)	7.1% (1)	0.0% (0)	35.7% (5)	2.14	14
ACOs must be able to establish reimbursement rates for participating physicians and other providers	14.3% (2)	50.0% (7)	21.4% (3)	7.1% (1)	0.0% (0)	7.1% (1)	3.50	14
ACOs need to be structured so physicians have a key role in the ACO and in risk sharing.	46.2% (6)	30.8% (4)	23.1% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.23	13
The waiver must contain flexibility around anti-trust laws.	35.7% (5)	21.4% (3)	21.4% (3)	7.1% (1)	0.0% (0)	14.3% (2)	3.43	14
Should waive fraud and abuse laws for ACOs	7.7% (1)	7.7% (1)	0.0% (0)	0.0% (0)	30.8% (4)	53.8% (7)	1.00	13

Allow sharing of medical history records upon enrollment of a beneficiary as matter of course, i.e. patient is presumed to have automatically opted in. However, If necessary to gain approval...include provision allowing beneficiary to 'opt out.'	50.0% (7)	14.3% (2)	21.4% (3)	7.1% (1)	0.0% (0)	7.1% (1)	3.86	14
answered question								14
skipped question								0

3. Please rate the recommendations related to the Medicaid Growth Reduction and Budget Stabilization Account (rainy day fund).

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Medicaid needs to have first call on the Rainy Day Fund to insure that its needs are met before the Fund is used for other purposes.	57.1% (8)	42.9% (6)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.57	14
Arrange to tap into restricted account earlier than trigger proposed	35.7% (5)	50.0% (7)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.21	14
answered question								14
skipped question								0

4. More financing and budget neutrality-related recommendations...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
The present Utah Hospital Assessment and related Intergovernmental Transfers for government owned hospitals which include the State Teaching Hospital must be protected.	28.6% (4)	28.6% (4)	35.7% (5)	7.1% (1)	0.0% (0)	0.0% (0)	3.79	14
Exchange/private market option for Medicaid could siphon critical funding out of Medicaid: do a cost-benefit analysis before considering such a change.	50.0% (7)	28.6% (4)	14.3% (2)	0.0% (0)	0.0% (0)	7.1% (1)	4.07	14
Until a rural area joins the Waiver project, rural hospitals should continue to receive a "rural differential payment" for both inpatient and outpatient services during the life of the waiver consistent with current policy.	21.4% (3)	50.0% (7)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	3.93	14
Federal law allows flexibility on the budget neutrality calculation--maximize this.	30.8% (4)	23.1% (3)	46.2% (6)	0.0% (0)	0.0% (0)	0.0% (0)	3.85	13
Reinvest the ACO savings in incentives programs like those approved for California.	7.1% (1)	50.0% (7)	35.7% (5)	0.0% (0)	0.0% (0)	7.1% (1)	3.43	14
answered question								14
skipped question								0

5. Please rate the importance of...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Exempt children with chronic health care needs from cost sharing and benefit changes.	50.0% (7)	28.6% (4)	21.4% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.29	14
Exempt also all kids on disability waiver waiting lists from cost sharing and benefit changes.	42.9% (6)	42.9% (6)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.29	14
Don't wait to integrate behavioral health into rest of care in medical home.	35.7% (5)	28.6% (4)	14.3% (2)	7.1% (1)	0.0% (0)	14.3% (2)	3.50	14
Integrate prescription drug benefit into ACO contract.	42.9% (6)	42.9% (6)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.29	14
Integrate mental health drugs into the preferred drug list program.	42.9% (6)	28.6% (4)	21.4% (3)	0.0% (0)	0.0% (0)	7.1% (1)	3.93	14
Waiver should tackle long-term care because it is a major cost driver.	64.3% (9)	21.4% (3)	0.0% (0)	0.0% (0)	0.0% (0)	14.3% (2)	4.07	14
Expand list of diseases subject to chronic care management for sake of consumer-friendly cost containment and better health outcomes.	28.6% (4)	42.9% (6)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	4.00	14
In the transition to more electronic forms of communication with patients, ensure linguistically and								

<p>culturally appropriate communications with patients whose primary language is not English or who may not be comfortable or capable of using electronic modes of communication.</p>	<p>42.9% (6)</p>	<p>35.7% (5)</p>	<p>21.4% (3)</p>	<p>0.0% (0)</p>	<p>0.0% (0)</p>	<p>0.0% (0)</p>	<p>4.21</p>	<p>14</p>	
								<p>answered question</p>	<p>14</p>
								<p>skipped question</p>	<p>0</p>

6. Recommendations related to cost sharing and population impacts.

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Create a sliding scale, or tiered program, acknowledging that different incomes & populations have different abilities to cost share.	28.6% (4)	57.1% (8)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.14	14
Provide cost-sharing protections for disability and vulnerable Medicaid communities.	50.0% (7)	42.9% (6)	7.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.43	14
Changes in cost sharing should guard against cherry picking scenarios, for example: co-pays could be raised by an ACO to the maximum level to discourage higher utilizers from choosing that ACO.	50.0% (7)	42.9% (6)	7.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.43	14
Cost sharing should be aligned with intent of ACOs.	50.0% (7)	21.4% (3)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	4.21	14
Take EPSDT out of the proposal entirely.	50.0% (7)	14.3% (2)	14.3% (2)	0.0% (0)	7.1% (1)	14.3% (2)	3.57	14
Kids on Disability waiver waiting list should be exempt from increases to 5% cap.	42.9% (6)	42.9% (6)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.29	14
Put a cap on Rx copays.	28.6% (4)	50.0% (7)	7.1% (1)	7.1% (1)	0.0% (0)	7.1% (1)	3.79	14
Process copays like spend down where out of pocket spending will	28.6% (4)	57.1% (8)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.14	14

count toward deductible.

answered question 14

skipped question 0

7. Please rate the following...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Specify the details of the priority list process and how it will operate to ensure quality and access to all medically necessary care while providing good cost containment for the state.	50.0% (7)	35.7% (5)	7.1% (1)	7.1% (1)	0.0% (0)	0.0% (0)	4.29	14
Create Health Benefits Commission comprised of expertise from private/public sectors to define a minimum level of coverage that individuals must have. The Commission establishes standards and processes for minimizing wasteful procedures.	42.9% (6)	35.7% (5)	14.3% (2)	0.0% (0)	0.0% (0)	7.1% (1)	4.00	14
Create (something akin to Oregon's) Exceptional Needs Care Coordinators (ENCC), which coordinate care between medically fragile consumers within context of new ACOs.	42.9% (6)	42.9% (6)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.29	14
Create safeguards for vulnerable populations. Like Oregon, consider exceptions for persons eligible for								

Medicare or those with exceptionally high medical expenses but with income over the poverty level (the Medically Needy Program).	35.7% (5)	50.0% (7)	14.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.21	14
Create transparent and extensive review process of the list.	64.3% (9)	35.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.64	14
Before reducing benefits consider option where hospitals would provide the required state match monies to fund amounts up to the full actuarial cost of care using both Provider Assessment and the IGT funding as a mechanism to sustain Hospital benefits.	28.6% (4)	42.9% (6)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	4.00	14
							answered question	14
							skipped question	0

8. Clarify how rate cells will be adjusted as follows (rate each provision)...

	Very important	Important	Neutral	Slightly important	Not a all important	Disagree	Rating Average	Response Count
Purchase stop loss protection for the ACOS.	14.3% (2)	35.7% (5)	35.7% (5)	7.1% (1)	7.1% (1)	0.0% (0)	3.43	14
Establish risk corridors to minimize risk, based on aggregate claims costs.	14.3% (2)	50.0% (7)	35.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	3.79	14
Transition to individual risk adjuster model used by CMS.	28.6% (4)	21.4% (3)	50.0% (7)	0.0% (0)	0.0% (0)	0.0% (0)	3.79	14
If members continue from 1 period to another, risk adjustment should be maintained at original levels.	21.4% (3)	35.7% (5)	42.9% (6)	0.0% (0)	0.0% (0)	0.0% (0)	3.79	14
							answered question	14
							skipped question	0

9. Please rate the following related to the waiver's proposal to allow individuals with an offer of workplace coverage to use Medicaid dollars to subsidize their portion of the premium...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
Remove this provision entirely.	15.4% (2)	38.5% (5)	30.8% (4)	0.0% (0)	0.0% (0)	15.4% (2)	3.23	13
Don't remove it.	15.4% (2)	0.0% (0)	30.8% (4)	0.0% (0)	7.7% (1)	46.2% (6)	1.77	13
The premium subsidy option, if it sticks at all, should have same Medicaid cost sharing protections, 5% of income.	23.1% (3)	38.5% (5)	30.8% (4)	7.7% (1)	0.0% (0)	0.0% (0)	3.77	13
Create a clear and understandable disclosure process for consumers who may elect this option, explaining that the cost sharing could be much higher in private market.	53.8% (7)	38.5% (5)	7.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.46	13
Adults should be able to opt out at any time, just like the kids.	30.8% (4)	46.2% (6)	23.1% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.08	13
answered question								13
skipped question								1

10. Please rate these recommendations...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
The waiver process should be more fully transparent and accessible to the public, particularly to those directly impacted.	61.5% (8)	23.1% (3)	15.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.46	13
There are many instances where care needed has nothing to do with lifestyle choices--this needs to be taken into consideration.	58.3% (7)	0.0% (0)	33.3% (4)	0.0% (0)	0.0% (0)	8.3% (1)	3.92	12
As an alternative to allowing ACOs to do differential copays for unspecified healthy behaviors which has so many risks, structure the default enrollment process to reward those ACOs that are achieving positive outcomes on the wellness front.	30.8% (4)	46.2% (6)	15.4% (2)	0.0% (0)	0.0% (0)	7.7% (1)	3.85	13
The waiver should not state that the client will be assigned to the lowest cost ACO. The client should be assigned to the most appropriate ACO to meet their healthcare needs.	76.9% (10)	7.7% (1)	7.7% (1)	0.0% (0)	0.0% (0)	7.7% (1)	4.38	13
Add to the list (of client incentives) or replacing limited cash incentives with vouchers for "non-covered" services such as dental care.	30.8% (4)	53.8% (7)	15.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.15	13
Use the ACA prevention grant to								

structure the evaluation component of a new competitive approach to client wellness incentives that has been proposed for the new managed/ACO arrangements.	15.4% (2)	46.2% (6)	30.8% (4)	0.0% (0)	0.0% (0)	7.7% (1)	3.54	13
Specify how enrollees with disabilities will participate in incentive programs.	61.5% (8)	15.4% (2)	7.7% (1)	7.7% (1)	7.7% (1)	0.0% (0)	4.15	13
							answered question	13
							skipped question	1

11. Please rate these recommendations related to disenrollment...

	Very important	Important	Neutral	Slightly important	Not at all important	Disagree	Rating Average	Response Count
An ACO may not disenroll because of a change in the enrollee's health status or because the enrollee's utilization of medical or social services, diminished mental capacity or uncooperative behavior is resulting from his or her special needs.	69.2% (9)	23.1% (3)	7.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.62	13
A clear and thorough review process by the State in cases of disenrollment requests by an ACO or the disenrollment survey option should be checked as a quality measurement tool.	61.5% (8)	7.7% (1)	15.4% (2)	7.7% (1)	0.0% (0)	7.7% (1)	4.00	13
answered question								13
skipped question								1