

**Utah Medicaid Partnership  
Legislative Planning Meeting**

June 12, 2009

1:00pm to 4:00pm

Association for Utah Community Health  
860 East 4500 South, Suite 206  
Salt Lake City, UT 84107

Meeting Facilitated and Notes Compiled by:

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# Utah Medicaid Partnership Legislative Planning Meeting

Meeting Notes from June 12, 2009

## 1. **Welcome/Background** – *Lincoln Nehring*

Lincoln welcomed all of the participants and explained that the purpose of the meeting was to identify the most important issues that the UMP can address during the 2010 legislative session given the current economic and political climate. He further explained that the Utah Health Policy Project (UHPP) believes that in lieu of major federal healthcare reforms – most of which include some level of expansion for Medicaid programs – the focus of the Utah Medicaid Partnership (UMP) no longer needs to be focused so exclusively on issues of eligibility. These reforms should ensure that everyone living at or below the poverty level will qualify for assistance.

## 2. **Quick Introductions** – *All*

Participants introduced themselves and their agency affiliations (if any). Please see [Addendum A](#) – for a complete record of all attendees.

## 3. **Issue Identification** – *Facilitated by Eric Mitchell*

Eric Mitchell led a discussion to identify all of the potential issues that the UMP could address during the 2010 Legislative Session. Issues identified by the group included:

- “Intermediate Medicaid”
- Restoration of optional services (also maintain current level of funding)
- Restoration of dental reimbursement rates
- Restoration of other provider reimbursement rates.
- Barriers to eligibility (i.e., asset testing, legal immigrant children, infant = 2 years, etc.)
- Transition program ICF/MR to community
- Policy change (aging and people with disabilities) institutional to in-home care
- Nursing homes paying for unused beds
- Improve match rates for interpreter services
- Adequate coverage for the uninsured on mental health issues
- Keep PCN resources for the underserved (Medicaid)
- Monitor appropriate implementation of health reforms
- Family Opportunity Act
- Medical Home, wellness and prevention
- Family planning

- Shortage of providers to Medicaid recipients (i.e., PCPs, community-based mental health services, etc.,)
- Shared responsibility – this was identified as a value that should be threaded throughout all applicable action plans
- Addressing overuse by patients (we need patient education regarding appropriate use of services)
- Limitations on services that mid-level providers (PAs, FNPs) can give to Medicaid recipients
- Tobacco tax as a potential revenue stream for Medicaid (may be only for the treatment of smoking-related illnesses)
- State health reform –new ideas can we bring to the Legislature

4. **Weighted Ranking of Issues** – *Facilitated by Eric Mitchell*

Prior to ranking, similar ideas were grouped together (identified by color asterisk) in order to simplify and inform their ranking. Those issues receiving the most points were identified as the most important for the UMP to address while those with the least points were viewed as the least important to address. The issues (grouped here by subject matter) are listed from most to least important.

<i>Relative Importance</i>	<i>Issue</i>	<i>Total Number of Points</i>
<b>Most Important</b>	Restoration of services and provider rates	30
	Financing Issues – including improved matched rates, coverage for mental health services, PCN resources for the underserved, tobacco tax revenue, shortage of providers, etc.	15
	Long-Term Care Policy Issues – including transition program ICF/MR to community, nursing homes paying for unused beds, institutional bias, etc.,	14
<b>Least Important</b>	Medical Home Issues – including wellness, prevention, monitoring of state health reform, shortage of providers, patient overuse and education, limitations on mid-level providers, etc.	13
	Eligibility Issues – including barriers, “intermediate Medicaid,” Family Opportunity Act, etc.,	9
	Family Planning	3

## 5. Next Steps – All

The group discussed possible next steps with regard to the issues identified in the weighted ranking. Those steps included:

- Legislative summit
- “Medicaid Interim Day on the Hill”
  - This would take place in the fall
  - Look into the possibility of getting a national speaker for the event
- Press conference regarding national health reform
- Letters to the Editor
- Story banking/story telling for each priority area
  - Need to include provider stories
- Blogging/social networking
- Get “sit down” meeting with Lt. Gov. Herbert to discuss UMP priorities and national healthcare reform
  - This should be done no later than August 31, 2009
- Explore relationship with Jeanette Herbert
  - Determine feasibility that healthcare issues could become part of her platform
  - Materials – need to develop fact sheets, talking points and media kits
- Research what other states are doing (NCSL, NASP, ALEC, etc.,)
  - Use this information to keep UMP partners informed about policy developments
- How can UMP begin to counter political extremism?
- Need a meeting to frame the issues and message
  - Consider using a SWOT analysis
  - Devote the July meeting to messaging
- Education the public on national healthcare reform

*Also refer to Addendum B – Notes from the UHPP/UMP Strategic Planning Meeting held on 4-23-08 (pages 2-3) regarding history of the UMP, successful strategies and tools*

## 6. Next Meeting

The next meeting of the Utah Medicaid Partnership will be

**July 21, 2009 from Noon to 2:00pm**  
The Association for Utah Community Health Offices, Suite 206  
For more information, call Lincoln Nehring at  
Office: (801) 433-2299  
Mobile: (801) 638-7695

**Addendum A**  
**Participant List**

<i>Name</i>	<i>Agency/Affiliation</i>
Amanda Juston	Intermountain Health Care
Andrew Riggle	Disability Law Center
BJ Forsgren	Intermountain Health Care
Bob Bunnell	Utah Academy of Physician Assistants
Claudia Fruin	Utah Chapter of American Academy of Pediatrics
Jessica Kndrick	Utah Health Policy Project
John Gima	
Joyce Dolcourt	Legislative Coalition for People with Disabilities
Karmen Sanone	Salt Lake County Aging Services
Korey Capoza	Voices for Utah Children
Kris Fawson	Legislative Coalition for People with Disabilities/ Utah Statewide Independent Living Council
Laura Polacheck	AARP
Lincoln Nehring	Utah Health Policy Project
Sheila Walsh-Mcdonald	SLCAP
Victoria Delheimer	Volunteers of America, Utah

## Addendum B

### The Utah Medicaid Policy Partnership Strategic Planning Retreat Notes (Excerpts from pages 2 & 3)

April 23, 2008  
12:30pm to 2:30pm

#### 1. Purpose of the Group

<i>Historical</i>	<i>Future</i>	<i>Comments</i>
Preservation of Medicaid	To support and/or expand Medicaid within the larger context of healthcare reform.	Legislature will continue to ask – “What are you willing to give up in order for this program to continue (without expansion)?”
Ultimately required a refocus into sub issues b/c “Medicaid” was too broad		<b>A basic level of service is non-negotiable for the most vulnerable individuals. This will be added to the UMPP Guiding Principles.</b>
Educating policy makers	Educating policy makers	The UMPP should anticipate being challenged on eligibility issues – particularly those related to citizenship, disability status, etc.
Grassroots/client involvement – Hx, this has included: <ul style="list-style-type: none"> <li>• Story bank</li> <li>• Legislative training</li> <li>• Testifying</li> </ul>	Consider the development of a policy/solution-seeking group that has ongoing mechanisms for consumer input.	Client/grassroots involvement is more useful at certain times or with certain issues. How do we balance this? Why/how should the grassroots feel a part of this? <b>Outcomes were better when more consumers were involved.</b>
Cost-containment and reinvestment	Cost-containment and reinvestment	How does UMPP’s policy work get filtered to the grassroots?

## **2. *Successes of the UMPP***

- PDL
- Relationships with plan providers and state representatives
- Restoration of services
- The development of protections for “optional” populations in state law
- On-going open enrollment for CHIP
- Continued and increased funding for services
- Innovative methods to serve rural populations
- 3:1 match now understood by many legislators
- Utah Premium Partnership

## **3. *Tools and Strategies that have Contributed to the Successes***

- Grassroots advocacy (the story bank)
- Medicaid 101 training for legislators
- Medicaid Summits
- 1:1 meetings with legislators
- Bringing national experts to Utah
- Media
- Developing relationships with legislative staff and the GOP&B
- Legislation
- Advocacy Alerts (e-mail)
- Networking, meetings, relationship-building
- Education
  - Legislative staff, Leg. Research and Fiscal Analysts
  - Media
  - Grassroots/consumers
- Departmental collaborations
- Demonstrating leadership on cost-containment
- Connections with the educational establishment