



UTAH MEDICAID PARTNERSHIP

Strong Medicine for Utah's Economy

Highlights from Community Meeting with Michael Hales, Director of Medicaid, Utah Department of Health

Topic: Q & A with Advocates on Waiver Proposal (June 9, 2011)

1. Rate Setting
 - a) We would eventually like to allow the ACO's to regulate the rate schedule
 - b) One of the first points from the state actuary was to collect data from ACO's regarding utilization, outcomes, etc. This will be how the state will continuously negotiate rate setting with ACO's
 - c) We will use these numbers (benchmarks) to create quality standards
 - d) MCO's/ACO's are currently and will continue to be required to provide these outcomes.
 - e) Rate cell reimbursement will vary between ACO's based on their historical data and the clients they serve.
 - f) We want the plans to find savings within their rate cells.
2. Cost Sharing: Will the ACO's need to have state approval to set up co-pay schedules?
 - a) Waiver schedule is the maximum amount that plans may use but may not be what is utilized by the ACO's
 - b) The State will be much more involved with the incentives portion than that of the cost sharing and plans will need to have state approval for an incentives program prior to implementation.
3. Quality Standards: What oversight of the ACO's will be the States responsibility?
 - a) In the waiver there are guidelines in place; HEDIS, and EQRO or External Quality Review Organizations. These are currently in place and will remain moving forward.
 - b) The state will also be utilizing the current consumer protection guidelines.
4. EPSDT-Priority List
 - a) The EPSDT portion of the waiver goes hand in hand with the priority list exactly as Oregon's waiver was written. This list will only be accessed if the PMPM rate rises higher than allowed.
 - b) Oregon priority list is exactly what Utah is hoping for; process, transparency, community and provider engagement.
 - c) Utah wrote this portion of the waiver directly from Oregon's waiver.
 - d) The state does not want to re-create the wheel, Oregon's process has been successful and we would like to create our model based on their process.
 - e) The goal of the priority list is program sustainability.
5. Contract Negotiations: How will contracts be drafted, will the process be regulated under a medical home model?
 - a) Currently the state has contracts that differ plan to plan, as we move into the ACO model all contracts should be the same.
 - a. We should begin negotiating contracts in about 8 months.