

Minutes

Wednesday, November 18, 2009



Minutes from November 17th UMP Meeting

1. Introductions and a warm welcome to our new stakeholder representatives!

Kris	Fawson
Trisha	Beck
Lisa	Jensen
Judi	Hilman
Joyce	Dolcourt
Steven	Steed
Laura	Polacheck
Andrew	Riggle
Joseph	Cramer
Paula	Julander
Jenn	Gonnely
John	Inglish
Lance	Dougher
Jeanette	Koski
Whitney	Barrell
Jennifer	Hobby
Rich	Harward
steve	White
nick	manakis
Heather	Elwell
Kasey	Mitchell
Jerry	Petersen
Florentina	Gustai

2. Setting the Scene:

a. quick overview of today's Medicaid and budget challenges (LN)

Lincoln gave a presentation outlining the current Medicaid budget situation. Since December 2007, 50,000 additional Utahns, mainly children, have turned to Medicaid to meet their health care needs. In a rare case of shortsightedness for the "best managed state in the nation," the Utah legislature failed to provide ongoing funding for this enrollment growth during the previous two legislative sessions. The result: beginning in FY2011, Utah Medicaid will be forced to serve 210,000 Utahns with funding that will only support 160,000 people! Because the federal economic recovery money that Utah accepted last legislative session prevents the state from changing eligibility requirements and kicking people off the program, the Legislature has few options other than finding additional revenue for Medicaid to cover the \$50 million needed to absorb recent Medicaid enrollment growth. That revenue can come from raising taxes such as the tobacco tax, restoring the sales tax on food, or a coal severance tax. The state can also create revenue by cutting within Medicaid or other areas of government. However, provider reimbursement rates, especially non-physician rates, are already really low.

Q: Will cutting provider rates hurt access? Especially with pediatric Dentists?

A: Yes, it is a problem. We have a shortage of pediatric dentists and we've also lost about half of our home health care givers since the last provider reimbursement rate cut. Using Medicare payment rates as a baseline, hospitals get paid a little above Medicare rates; physicians a little under Medicare rates. However, non-physician providers are paid at 40% of Medicare rates.

b. early feedback from leadership and legislator summits (LN, all)

UHPP's Early Feedback from Legislators

- Leg very concerned, want feedback (UMP will oblige)
- All options for revenue are on table (Litvack, Draxler, S. Adams)
- Most don't like tax increases
- Legislators want to build on state reform process and explore how state & national reform could complement 1 another

Q: What are you hearing from legislators?

A: Legislators need to hear from you. In your communications with them, need to start with a thank you for their hard work. Be concise. And say if you live in their district, and provide your address.

Some members suggested holding a joint advocacy training

Another suggestion was to get our message on Doug Wright's show.

Q: How do we get your colleagues (other providers) involved?

A: We have communication tools to get the word out to our members.

Sponsor Hill Days

Send talking points that they can forward in an email to their legislators

Providers need to focus on the patient needs (ex: optional services) instead of sounding selfish about just wanting reimbursement.

Q: Should Medicaid consumers be more involved?

A: Is powerful to have a story, especially a Medicaid success story. However, it is a struggle to get Medicaid enrollees involved and bear their souls and open up their personal lives. Is there another way to solicit their input without putting them on the spot?

3. Campaign Messaging and Tools, for discussion & revision

- **Revenue Enhancement messaging & activities: Principles, sign on letter, other tools?**

Principles

Add a 4th principle around innovation and creative ideas to attract providers and increase access. For example, a requirement of licensure is to see Medicaid patients or the state will provide malpractice coverage for Medicaid patients, create a rate-setting advisory committee that would base decision on science.

Possible language: *Use the current fiscal crisis to explore innovate ideas the increase access and quality of care.*

Need innovative ideas that don't carry a price tag if we want them to be successful this year

Principle #2 needs to include specific revenue enhancements in order of preference. Message needs to be "let's increase the pie and ensure the funding goes to critical health and human services."

Need to add language about restoring the optional services. There was some discussion about whether this should be its own principle. On the pro side: it would give it more attention. On the con side: it makes it easier for legislators to automatically say "no" as well as makes the principles longer. It was decided to include this

language in the 1st principle with language such as “invest in cost-effective services as a cost-containment measure.” Delivering these critical services will save money.

The point as also made that these principles must address the Medicaid audit because legislators are very focused on that. Principle #1 should include language about reducing waste and fraud in Medicaid.

Action Around the Governor’s Budget

The Governor’s budget is typically released the 1st or 2nd week of December. We are hearing that it will be released Dec. 11th this year. The group discussed various actions to take around the Governor’s budget and decided to start working a press release to be released right after the budget is announced. People can start writing their quotes now based on what they want to highlight as we can probably predict what is in the budget. Lincoln Nehring from UHPP will email out a request for quotes. The press release should also include a point-counter-point to the Governor’s budget and provide alternatives instead of just being critical. UMP will also try to schedule a press conference, either the day of or the Monday following the Governor’s release.

4. Proposed Next Steps:

- a. Strategic interaction with legislators (+ tools)**
- b. Press conference or event around Governor’s Budget release**
- c. Meetings with heavy hitters (ex: UHA, UMA, Higher Ed, United Way & business leaders)**
- d. Engagement of the Medicaid consumer voice**
- e. _____ (please bring your own ideas)**

Next Steps

1. The Principles
 - a. Provide comments as we finalize the principles (Please send your comments back to him by the end of the 1st week in December)
 - b. Endorse the principles as an individual and/or organization
2. Provide quotes for the press release around the Governor’s Budget
3. Attend a Press Conference
4. Find past patients to speak/be involved
5. UMP needs to draft a coordinated media strategy/timeline
6. Share your story as a Provider for UHPP’s Storybank
7. Attend next UMP meeting
8. Attend weekly UMP meetings during the Legislative Session: Wednesdays from 12:30 to 1:30 in the Olmstead Room, East Building, Utah Capitol Complex.

The Mission of the Utah Medicaid Policy Partnership

Our mission is to help ensure that the Utah Medicaid program provides access to quality, affordable, and comprehensive health care coverage to eligible Utahns