

## DOH Response to 2014 Social Services Meetings

### 1. Representative Menlove:

a. (1/28/14 AM) Is Interested about the administrative costs of FHP autism portion compared to others and why. DOH response; In FY13, \$2,000,000 was appropriated from the Autism Treatment account. From these expenditures, \$97,487 (4.87%) was attributed to admin costs in Family Health Preparedness.

Medicaid: In FY 2013, the Medicaid Autism Waiver total expenditures were \$1,040,903 and of that, \$197,067.29 (18.9%) was spent on administrative costs.

In FY 2014, the Medicaid Autism Waiver total expenditures were \$5,662,693 and of that, \$228,372 (4.03%) was spent on administrative costs.

The reason that the Medicaid Autism Waiver had higher administrative costs in FY2013 was related to the need to build the program infrastructure while at the same time, during the majority of the first year, there was limited direct services billed. At the point the waiver was fully operational in FY2014, typical administrative expenses are reflected.

Fiscal Analyst notes: additional information available at <http://le.utah.gov/interim/2014/pdf/00004433.pdf>.

b. (1/28/14 AM) What are you spending on administration vs services for the Organ Donation Fund? DOH Response: DOH administers two funds that support Organ Donation. The Kurt Oscarson Children's Transplant fund was established in 1992 (UCA 26-18a) to provide financial support for children who require organ transplants and promotes organ donor awareness. Funding comes from the state income tax donation check-off. The code allows 5% or about \$5,000 of the appropriation to be used for administration costs. However, in years past, actual costs (Lori Utley PS costs) were about \$9,000, of which \$5,000 was charged to the KOCT fund. The remaining \$4,000 was absorbed by the DOH executive operations.

The Organ Donation Contribution Fund was established in 2002 (UCA 26-18b) to promote and support organ donation, assist in maintaining an organ donation registry, and provide donor awareness education. Collections are done through Motor Vehicle and Driver License registrations. The code allows Motor Vehicles to retain 20% of collections for administration costs. Total revenue collected was \$97,563 in FY13. The remaining funds were passed to qualified recipients with no funding to DOH for admin costs.

Actual admin costs are difficult to quantify since there is no available funding or cost center to charge admin cost too. In prior years, DOH admin activities were mainly the process of fund disbursements through contractual agreements estimated to be 40 hours X \$35 hr or \$1,400. The 40 hours also includes budget, accounting, and reporting activities.

c. (1/28/2014 PM) Have we looked at the private sector to see if DTS is comparable for charges for servers? DOH Response; Each year DTS must present rate changes to a State rate committee for rate

approval. DTS rates for all services including servers are presented to the committee, and where appropriate, comparisons with private sector rates are also frequently made and discussed. See DTS Rates Analysis 2014 in subsequent email attachment.

Fiscal Analyst notes: see additional documentation submitted at <http://le.utah.gov/interim/2014/pdf/00004472.pdf>.

2. Representative Redd: (1/28/2014 PM) Follow up on the performance measure “Average Days to Approve Placement of Medicaid Clients in Nursing Home Facilities,” which has doubled recently. **Medicaid Response;** The reason the number of days to complete authorization for nursing facility placement has increased is because the workload has increased substantially in the last 3-5 years. There are between 400-500 new Medicaid applications for nursing home approval per month. Although not all of the initial requests ultimately result in a long-term Medicaid reimbursed stay, all requests have to be processed and are initially denied due to the lack of sufficient information to make a medical determination. After the required information has been submitted by the nursing facilities, the Resident Assessment nurses review the documentation to ensure the applicant meets nursing home level of care criteria, document the medical determination and process the case to allow for Medicaid reimbursement.

After the initial approval of residents’ Medicaid applications, we are required by both Federal and State requirements, to complete a continued stay review every six months in order to determine if the resident continues to meet nursing home criteria. Between 500 and 600 of these reviews are completed by the nurses each month.

In addition to these functions, the Resident Assessment nurses are also responsible for approving all applications for the Differential Levels of Care (Intensive Skilled, Specialized Rehab Services and the Behaviorally Complex Programs). The nurses also complete continuation of care reviews on these.

The delays does not specifically impact either the State or Individuals, but the delay does impact nursing facility providers because payment cannot be made to the provider until the authorization has been made.

Follow-up Response 7/28/14: In mid fiscal year 2010, the continued-stay review policy was clarified. Prior to this time, the nurses would conduct one continued-stay review after a resident had been in the nursing facility for 90 days, but no additional reviews were conducted during the remainder of a client’s residency in the nursing facility. After the policy clarification, the nurses are now required to complete continued-stay reviews at 6-month intervals for the duration of time that a client resides in a facility. This has increased the workload of each reviewer by approximately 180 additional reviews per month.

An additional factor that has impacted this metric is that in fiscal years 2008 and 2009 five employees from an eight-employee team retired. One employee was hired to replace one of the retired employees. The team was operating with four employees until January 2014 when an additional employee was hired to bring the current team count to five employees. Although we have an additional

employee, one employee is spending approximately 25 percent of her time working on the design and development of the new MMIS (PRISM) project to assure that the nursing home authorization screens are designed correctly in the new system.

Another factor that has impacted the timeliness of reviews is the acceptance of 10A requests through the CHIE. This process was implemented in FY2012 and it allows nursing facility provider to submit the applications electronically through the CHIE rather than the previous method in which complete cases were submitted to the nurse reviewers in paper format. Although this process is easier for the nursing facilities submitting the requests it is more time consuming for the reviewers. In the previous process the reviewer would have cases submitted as complete packages – ready for review and they were only required to interface with one system. With the use of the CHIE, providers are submitting multiple submissions with multiple documents in separate submissions to the reviewers. The reviewers are then required to open multiple submissions and interface with multiple systems. We anticipate that this problem will be resolved with the implementation of the PRISM system which will require a complete package to be submitted and will eliminate the need for using multiple systems.

### 3. Representative Chavez-Houck:

#### a. (1/29/14 PM) Department of Health's Local Health Departments Base Budget

☑ Rep. Chavez-Houck wants ways to better measure best practices and uses for use of federal funds shared between the State health department and the local health departments. [DOH response; DOH does use a "best practice" method as defined in UCA 26-1-4. The code established a Governance committee consisting of DOH and LHD representatives and provides for a process for reviewing shared funding between DOH and Local Health Departments. See attached Fast Facts and Committee Bylaws.](#)

Fiscal Analyst notes: additional information available at <http://le.utah.gov/interim/2014/pdf/00004433.pdf>.

☑ Rep. Redd stated that much of the collaboration mentioned is actually being done and measured. He suggested that the data being collected be brought back to the Committee. [DOH Response: The Local Health funding governance meetings are conducted monthly with minutes which are a public record.](#)

b. (2/3/14 AM) Is there information on cross-tabbing on the number of working uninsured and overlaid it with whether there is safety net primary care available? [Medicaid Response: DOH does not have information on the total population of Utah that qualifies as working uninsured. The working uninsured who qualified for the Primary Care Network \(PCN\) and Medicaid Spend Down program totaled approximately 26,900 for fiscal year 2014. There were 6,200 in the Medicaid Spend Down program and 20,700 in the PCN program.](#)

[Note: There were about 50,100 children that qualified for CHIP due to the parents who are working and are uninsured in fiscal year 2014.](#)

[Follow-up Response 7/28/14: Medicaid does not have a way to identify the working uninsured in Utah.](#)

c. (2/11/14 PM) Accountable care organization outcome information and preventative care. [Medicaid Response: It is unclear by Medicaid what specific outcome information and preventative care data was](#)

requested. However, Medicaid has a performance measure showing the percentage of consumers satisfied with their Medicaid Managed Health Care Plans. The recent results are shown below:

**Program:** Medicaid  
**Measure:** Percentage of Consumers Satisfied With Their Medicaid Managed Health Care Plans

<b>Results</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>
Target	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	78.1%	84.0%	85.5%	84.5%	

Follow-up Response 7/28/14:

We do have preventative performance measures for the ACOs. They are HEDIS measures. The 2013 HEDIS data will not be available until mid-September 2014 in a fairly raw form.

The specific preventative measures we are emphasizing in the contract are as follows

#### Pregnant Women

- Prenatal and Postpartum Care: Postpartum Care Rate (NQF 139/HEDIS-FPC/SQC)

#### Children

- Childhood Immunization Status: Combo 3 (4:3:1:3:3:1:4)(NQF 0038/HEDIS-CIS/SQC)
- Well-Child Visits in the First 15 Months of Life (NQF 1392/HEDIS-W15/EPSDT)
- Immunizations for Adolescents (NQF 1407/HEDIS-IMA)
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

#### Adults

- Breast Cancer Screening (NQF 0031/HEDIS-BCS)
- Cervical Cancer Screening (NQF 0032/HEDIS-CCS/SQC)
- Chlamydia screening in women (NQF 0033/HEDIS-CHL/SQC)

4. Representative Tanner: (2/7/14 PM) Is any federal money available for the telehealth infrastructure enhancements for the Utah Telehealth Network? **Medicaid Response: Yes, the telehealth general fund will be matched with 50% federal funds. The 50% federal funding was reflected in the appropriation for HB0002 Item 70.**