

#### **249A.34 Medical assistance crisis intervention team.**

1. A medical assistance crisis intervention team is created. The team shall consist of the following members:

- a.* The president of the university of Iowa.
- b.* A representative of the Iowa hospital association.
- c.* A representative of the Iowa medical society.
- d.* A representative of the Iowa pharmacy association.
- e.* A representative of the Iowa health care association.
- f.* A representative of the federation of Iowa insurers.
- g.* A representative of the Iowa association of community providers.
- h.* A representative of the medical assistance advisory council established pursuant to section 249A.4, subsection 8.
- i.* Two members selected by the president of the university of Iowa.

2. The president of the university of Iowa shall act as the chairperson of the team. Members of the team are entitled to receive reimbursement of actual expenses incurred in the discharge of their duties.

3. The department of human services shall provide staff to the team as determined by the division administrator of the division of medical services.

4. The team shall do all of the following:

*a.* Provide a projection of medical assistance program and administrative costs through June 30, 2008, based on services provided as of June 30, 2004.

*b.* Hold at least four monthly public meetings, beginning in July 2004, in at least four geographically balanced venues around the state. The team shall submit a report of its findings from these meetings to the general assembly on or before December 1, 2004.

5. The team may provide any additional recommendations to the general assembly at any time regarding the medical assistance program including but not limited to recommendations regarding services, eligibility, rates, care management, and program administration.

6. The department of human services shall assist the team as follows:

*a.* On or before July 1, 2004, the department shall submit to the team and make available to the public an initial analysis which includes all of the following data:

(1) The number of medical assistance program enrolled eligibles by cohort grouped on the basis of factors such as age, income, disability, and optional eligibility, for the period beginning July 1, 1999, and ending June 30, 2004.

(2) A projection of the number of medical assistance program enrolled eligibles in each of the cohorts identified in subparagraph (1), for the period beginning July 1, 2005, and ending June 30, 2008. The

projection shall be accompanied by a statement of the underlying assumptions.

(3) The actual cost of all services and of each service for each cohort described in subparagraph (1), for the period beginning July 1, 1999, and ending June 30, 2004. The analysis of the data shall identify the total cost for each cohort, the cost per member per month for each cohort, and the twenty most utilized medical procedures or services and the ten most prevalent diagnoses associated within each cohort. The analysis of the data shall identify, to the greatest extent possible, the reason for changes in total costs and the costs per member, per month during the period, including but not limited to rate adjustments, service utilization, and eligibility growth.

(4) To the extent practical, a comparison of the rates paid by commercial insurers to their Iowa provider network and the rates paid by Medicare, with the rates paid by the medical assistance program for the same services, for the fiscal year beginning July 1, 2003, and ending June 30, 2004.

(5) An estimate of the program costs for the medical assistance program for the period beginning July 1, 2005, and ending June 30, 2008, based on all of the following assumptions:

(a) The enrollment projections described in subparagraph (2) and assuming reasonable change in service utilization patterns, but no change in provider rates in effect on June 30, 2004. The projection shall include total and total program costs per member, per month for each cohort and total cost and the program cost per member per month for each cohort for the period beginning July 1, 2005, and ending June 30, 2008. The assumptions used in developing the projections shall be clearly stated.

(b) The enrollment projections described in subparagraph (2) and assuming reasonable change in service utilization patterns, and additionally assuming that all medical assistance program fee for service rates are equal to ninety-eight percent of the usual and customary charges for such service in the fiscal year beginning July 1, 2003, and ending June 30, 2004, and grow at an annual rate of two percent annually through June 30, 2008, and assuming that commensurate changes are made in rates paid to medical assistance program managed care organizations.

(6) If the projections for later years exceed the spending standard established in subparagraph (5), subparagraph subdivision (b), a base rate and the annual inflation adjustments that would result in spending being limited to the spending standard established in that paragraph.

(7) A description of the cost, member, provider, and service quality impact of all of the following:

(a) Application of medical assistance program allowable limits on optional services.

(b) Service utilization control strategies including managed care and prior authorization in the pharmacy, medical and behavioral, and long-term care areas that have been utilized in other states or jurisdictions that could potentially be utilized in Iowa. The department shall identify the administrative costs associated with each strategy.

(c) Accessible disease management and enhanced primary care case management strategies with particular attention to the timing of costs and benefits.

(d) Accessible health promotion strategies and disease prevention activities with particular attention to the timing of costs and benefits.

(e) Enhanced surveillance and utilization review, revenue collection, estate recovery, and cost avoidance activities in future years.

(f) The federal Prescription Drug and Medicare Improvement Act of 2003.

(g) The program options and cost savings potentially associated with reducing the populations of intermediate care facilities for the mentally retarded and nursing facilities due to the availability of home and community-based services, including consumer-directed home care.

*b.* The department shall present the analysis described in paragraph "a" at the initial meeting of the team in July 2004. The department shall adjust, expand, or otherwise modify its analysis based on the requests of the team at its subsequent monthly meetings and shall assist the team in compiling the team's final report to the general assembly.

2004 Acts, ch 1175, §151, 162