Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 13, 2017

Senate Human Resources
Committee
State Capitol Building
L O C A L

House of Representatives
Human Resources
Committee
State Capitol Building
L O C A L

Joint Appropriations
Committee on Health and
Human Services
State Capitol Building
L O C A L

Dear Committee Members,

Pursuant to House File 2460, the council on Human Services, Medical Assistance Advisory Council, and the hawk-i Board are to submit minutes of their respective meetings during which the council or board addressed Medicaid managed care.

Enclosed please find minutes from the following meetings:

Council on Human Services.....October 12, 2016
Council on Human Services.....November 9, 2016
Council on Human Services (Teleconferece).....November 29, 2016
Concil on Human Services.....December 14, 2016
Medical Assistance Advisory Council-Executive Committee ..... November 4, 2016
Medical Assistance Advisory Council-Full Council.....November 21, 2016
Medical Assistance Advisory Council-Executive Committee.....November 29, 2016
Medical Assistance Advisory Council-Executive Committee .....December 20, 2016
Healthy and Well Kids in Iowa (hawk-i) Board.....October 24, 2016
Healthy and Well Kids in Iowa (hawk-i) Board.....December 19, 2016*
*minutes will be submitted next quarter, after approval by board.

Please feel free to contact me if you need additional information.

Sincerely,

Merea D Bentrott

Merea D. Bentrott
Policy Advisor

Enclosure

COUNCIL ON HUMAN SERVICES

MINUTES

October 12, 2016

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan (absent)
Kimberly Kudej
Guy Richardson
Kim Spading
Sam Wallace

EX-OFFICIO LEGISLATIVE MEMBERS

Representative Joel Fry (absent)
Representative Lisa Heddens (absent)
Senator Mark Segebart (absent)
Senator Amanda Ragan (present)

STAFF

Chuck Palmer
Sandy Knudsen
Nancy Freudenberg
Wendy Rickman
Paige Thorson
Kate Sherer
Mikki Stier
Rick Shults
Amy McCoy
Jean Slaybaugh
Dena Sloan

GUESTS

Kris Bell, Senate Democratic Caucus
Sandi Hurtado-Peters, Department of Management
Ashley McGuire, United HealthCare
Natalie Koerber, Amerigroup
Kimberly Murphy, Iowa Hospital Association
Kristie Oliver, Coalition for Family and Children Services
RC Schwarm, Brown Winick
Kelli Todd, Office of the State Long-Term Care Ombudsman
Linda Brundies, Ombudsman's Office

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 a.m.

Council prior to the next meeting that includes a brief description of the discussion as it related to the questions submitted by Spading in regard to the Managed Care Organizations First Quarter Performance Data report. MOTION CARRIED UNANIMOUSLY.

OVERSIGHT OF MANAGED CARE

Mikki Stier, Director, Iowa Medicaid Enterprise (IME), reported:

The first quarterly report, which was shared with the Council last month, begins to provide data regarding how the Managed Care Organizations (MCOs) are serving the populations. The report covers many data elements including the billing process in respect to "clean claims", prior authorizations, etc. The IME continues to receive feedback regarding the report from various committees, providers and members. The Medical Assistance Advisory Council (MAAC) will be forming a small work group to look into the data more fully.

The IME monitors many trends in relation to managed care, including enrollment, utilization and risk adjustment.

In response to a question from Senator Ragan regarding billing for the Meals on Wheels program through HCBS Waiver, Paige Thorson noted there was an error on the authorization side and the Department will work to get the problems resolved.

Roles and Responsibilities of other Oversight Bodies:

- Legislative Health Policy Oversight Committee

- Office of the State Long-Term Care Ombudsman. The Office of the State Long-Term Ombudsman is required by the Centers for Medicare and Medicaid Services (CMS) to report data from the Managed Care Ombudsman Program on a monthly basis. Stier distributed copies of the Managed Care Ombudsman Program Monthly Report for September 2016. (the Ombudsman's office has a representative on MAAC). Palmer noted the importance of an independent ombudsman in this process.

- Medical Assistance Advisory Council (MAAC). The MAAC is to advise the Medicaid agency about health and medical care services. There is a MAAC Executive Committee that meets monthly. Some of the duties of the MAAC:
  -Advises on budget policy
  -Makes recommendations to the Director
  -Develops action plans
  -Receives feedback from constituents
  -Puts together minutes and summations of public hearings

- Requests for Proposals published in the Fall 2016 with competitive bids accepted through early 2017. New contractors begin services July 1, 2017

COUNCIL UPDATES

Anderson reported that La Crosse, WI has the lowest health care cost per capita and the highest rate of 'advanced directives.' The advance directives appear to be built into their protocols. It was noted that some find advance directive issues difficult to discuss. There was discussion concerning what organizations or advocacy groups could take up this topic in regard to possible legislation. Spading offered to check with U of I staff for information on this topic.

Council will review a draft of the 'Executive Summary Oversight Report' at the next meeting.

DIRECTOR'S REPORT

Director Palmer reported on the juvenile population served at the Eldora State Training School. He discussed treatment and safety issues and how they are affected by delinquent as well as behavioral mental health problems.

The Department continues to address managed care issues and noted that the volume of billing problems has lessened.

NEXT MEETING/ADJOURNMENT

The next meeting of the Council on Human Services will be held at the Eldora State Training School on Wednesday, November 9, 2016.

Council adjourned at 1:00 p.m.

Submitted by Sandy Knudsen
Recording Secretary

COUNCIL ON HUMAN SERVICES

MINUTES

November 9, 2016

COUNCIL

Mark Anderson (absent)
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
Guy Richardson
Kim Spading
Sam Wallace (absent)

EX-OFFICIO LEGISLATIVE MEMBERS

Representative Joel Fry (absent)
Representative Lisa Heddens (absent)
Senator Mark Segebart (present)
Senator Amanda Ragan (absent)

STAFF

Sally Titus
Sandy Knudsen
Nancy Freudenberg
Amy McCoy
Matt Highland
Rick Shults
Mark Day

GUESTS

Tony Leys, Des Moines Register
Angel Banks-Adams, Legislative Services Agency
Natalie Koerber, Amerigroup Iowa

WELCOME

Mark Day, Superintendent, welcomed the Council to the State Training School in Eldora.

CALL TO ORDER

Phyllis Hansell, Vice-Chair, called the Council meeting to order at 10:00 a.m.

N-3. Amendments to Chapters 77, 78, and 79, Medicaid. Amendments change the outpatient prescribed drug reimbursement methodology for drugs provided to Medicaid recipients who are American Indians or Alaska natives by health facilities that are operated by the U.S. Indian Health Service.

N-4. Amendment to Chapters 78, 79, and 83, Medicaid. Amendments increase fee-for-service upper payment limits and reimbursement rates by 1% over the rates in effect July 30, 2016 for providers of HCBS waiver services. Amendments are being filed as "regular" rulemaking to allow for public comment. Amendments are also being Adopted and Filed Emergency.

N-5. Amendments to Chapter 79, Medicaid. The amendment increases the Home Health Low Utilization Payment Adjustment (LUPA) rates by 2.93 percent. Amendments are being filed as "regular" rulemaking to allow for public comment. Amendments are also being Adopted and Filed Emergency

N-6. Amendments to Chapters 150, 152, 172, and 202, Foster Care. Amendments rescind Chapter 150 as no longer relevant. Amendments also rescind and replace Chapter 152 and amends Chapter 156. Amendments also adopt changes to purchase of services and foster care payment in Chapters 172 and 202.

A motion was made by Heffernan and seconded by Richardson to approve the noticed rules. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

In discussion the minutes of September 14, Spading noted her concerns as to how the Department is calculating savings related to managed care. Hansell encouraged her to continue to be engaged and asking questions as more information becomes available.

A motion was made by Richardson and seconded by Heffernan to approve the minutes of September 14, 2016. MOTION CARRIED UNANIMOUSLY.

A motion was made by Spading and seconded by Richardson to approve the minutes of October 12, 2016. MOTION CARRIED UNANIMOUSLY.

OVERSIGHT OF MANAGED CARE - REVIEW OF DRAFT EXECUTIVE SUMMARY

Titus reviewed the draft of the Executive Summary for managed care as required of various oversight groups (MAAC, Council, Commission, Hawk-I). The Council's minutes are submitted quarterly to the Legislative Oversight committee. The Executive Summaries are to be incorporated into the Department's annual report. The legislature is closely monitoring Iowa's roll out of managed care and

PRESENTATION ON THE STATE TRAINING SCHOOL

Mark Day, Superintendent, presented a power point presentation which provided a history of the State Training School (STS) and focused on the mission of the facility today.

Highlights:

- In 1873 the STS had 400-600 students (indigents, orphans, truants and delinquents)
- 1980's and 1990's the admission criteria was by Code and population reduced to 240 (instituted psychiatric programming, therapeutic treatment, education and vocational programs)
- STS today: Rigorous Criteria/Enhanced focus on treatment and education
- Mission: The primary purpose of the STS is to provide a continuum of supervision and rehabilitation programs, which meet the needs of males adjudicated delinquent, in a manner consistent with public safety. These services and programs individualize treatment and control the offender for his own benefit and the protection of society.

There was discussion of:

- Student Demographics
- Continuing Program Improvement
- Education Outcomes
- Emerging Challenges
- Oversight Entities

ADJOURNMENT

Council adjourned the meeting at 12:35 p.m. for lunch and a tour of the facility.

Submitted by Sandy Knudsen,
Recording Secretary

COUNCIL ON HUMAN SERVICES TELECONFERENCE MEETING

MINUTES

November 29, 2016

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
Guy Richardson (absent)
Kim Spading
Sam Wallace

EX-OFFICIO LEGISLATIVE MEMBERS

Representative Joel Fry (absent)
Representative Lisa Heddens (absent)
Senator Mark Segebart (absent)
Senator Amanda Ragan (absent)

STAFF

Sally Titus
Sandy Knudsen
Amy McCoy

GUEST

Tony Leys, Des Moines Register

CALL TO ORDER

Mark Anderson convened the meeting at 3:31 p.m.

Roll was taken.

Anderson read the following:

"This meeting of the Iowa Council on Human Services is being held in accord with Section 21.8 of the Code of Iowa entitled "electronic meeting." The Code states that a governmental body may conduct a meeting by electronic means if circumstances are such that a meeting in person is impossible or impractical, or if the governmental body complies with the rules. The rules essentially state that access must be provided to the public. The meeting is being held on a speaker phone in the Director's fifth floor conference room of the Hoover State Office Building. An agenda was sent to interested

MOTION TO AMEND: Spading moved and Alexa Heffernan seconded that the Executive Summary include a "bullet" to read that Council member Kim Spading submitted a series of questions prior to the September 14, 2016, meeting regarding managed care savings and outcomes that were then discussed at the September meeting where the 1st Quarter Performance Data Report was presented. The minutes to that meeting can be found at this link http://dhs.iowa.gov/sites/default/files/Council_Minutes_9-14-16.pdf and the questions begin on Page 4 under Liz Matney's discussion of the report.

The motion to amend was approved unanimously.

Council voted unanimously to approve the Executive Summary as amended.

ADJOURNMENT

Council adjourned at 4:05 p.m.

Submitted by Sandy Knudsen,
Recording Secretary

COUNCIL ON HUMAN SERVICES

MINUTES

December 14, 2016

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
Guy Richardson (via phone)
Kim Spading (via phone)
Sam Wallace

EX-OFFICIO LEGISLATIVE MEMBERS

Representative Joel Fry (absent)
Representative Lisa Heddens (absent)
Senator Mark Segebart (present)
Senator Amanda Ragan (absent)

STAFF

Chuck Palmer
Sandy Knudsen
Nancy Freudenberg
Lisa Bender
Liz Matney
Amy McCoy
Rick Shults
Wendy Rickman
Mikki Stier

GUESTS

Tony Leys, Des Moines Register
Angel Banks-Adams, Legislative Services Agency
Natalie Koerber, Amerigroup Iowa
Molly Driscoll, Brown Winick
Paige Petitt, UHC
Renee Schulte, NAMI
Tom Fey, Iowa Podiatric Medical Society
Kimberly Murphy, Iowa Hospital Association

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 a.m.

Notice of Intended Action:

N-1. Amendments to Chapters 51 and 52, State Supplementary Assistance (SSA). Amendments implement COLA increases to several SSA categories. Amendments are also being filed as Adopted and Filed Emergency. They are also being filed as "regular" rulemaking to allow for public comment (See R-3 above).

A motion was made by Hansell and seconded by Heffernan to approve the noticed rules. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

A motion was made by Heffernan and seconded by Kudej to approve the minutes of November 9, 2016 and November 29, 2016. MOTION CARRIED UNANIMOUSLY.

APPOINTMENTS TO THE CHILD ABUSE PREVENTION PROGRAM ADVISORY COMMITTEE (CAPPAC)

Lisa Bender, Child Abuse Program Leader, Division of Adult, Children and Family Services, reviewed the nominees to the CAPPAC with the Council.

A motion was made by Hansell and seconded by Wallace to approve the four nominations to CAPPAC as presented. MOTION CARRIED UNANIMOUSLY.

Bender and Wendy Rickman spoke of the relevance of the Committee especially in their role of reviewing service contracts and the need for the Committee to operate under a charter.

Council suggested that staff draft a charter for this committee to share with the Council to review in-depth and then set aside time on a future Council agenda to discuss.

CASELOAD REDUCTION REPORT FOR THE FAMILY INVESTMENT PROGRAM

Rickman distributed copies of the "Caseload Reduction Report for the Family Investment Program (FIP)." The report is also available for review on the department's Internet site at http://dhs.iowa.gov/can-we-help/cas-assistance/TANF. Comments are due to the Department by December 27, 2017.

Matney reviewed the Quarterly Report with the Council. Highlights of the discussion:

- Spading inquired if the charts (page 5) could be more 'trending' and more meaningful? Also, the graph at bottom of page 5 is not reflective of the graph above - and not reflective of this quarter (covers last quarter). Matney will look into this as well as concerns about the graph on page 7 regarding the significant decrease in hawk-I enrollments.

- Matney noted that red "delta" markers were inserted (for example on page 9) to signify where changes have occurred from the last quarter.

- Spading stated that the department needs to know that the MCOs are meeting the contract requirements for the community-based case manager function (page 17). Matney mentioned that members are surveyed regarding their satisfaction with case management.

- In response to a question from Spading (page 18), Matney noted that staff will need to follow up on any overlapping of behavioral health reporting with other reporting, i.e. special needs and elderly.

- Regarding 'Consumer Protections and Supports' Matney pointed out the additional layers members can pursue regarding grievances (page 34).

- State Fair Hearings summary data (page 36) - Matney reported that the pharmacy numbers are still high. Department continues to review and clarify, noting the ongoing learning curve.

- Heffernan inquired as to why the AmeriHealth numbers were so high (page 37) on the Critical Incidents chart? Matney responded that AmeriHealth leveraged with existing case managers, so was at a higher risk.

- Matney spoke to the complexities of trending the critical incident reporting (page 39). The department will be closely monitoring corrective actions to ensure that level of care assessments are completed in a timely manner for all Medicaid members. The department continues to conduct secret shopper calls and each MCO is required to conduct internal quality assurance programs for their helplines. The timeliness of payment or denials of "clean claims" has improved (page 43). Matney noted that the number one reason for denied claims is duplication.

- Pharmacy Claims Payment (page 48) - Matney noted that, similar to managed care payments, the MCO's are close or exceeding contract parameters/rates. Providers have questioned this reporting, so the

DIRECTOR'S REPORT

Palmer noted that the Council covered many important subjects which are complex and with lots of layers. Carrying out diligent oversight of these programs is extremely important.

Department staff spent yesterday afternoon reviewing the quarterly report with the legislative Health Policy Oversight Committee. The Department is committed to continue to serve those who are eligible and drive better health outcomes with financial sustainability.

ADJOURNMENT

Council adjourned the meeting at 2:20 p.m.

Submitted by Sandy Knudsen,
Recording Secretary

Iowa Department of Human Services

Medical Assistance Advisory Council
MAAC

Mikki Stier, Iowa Medicaid Director

Executive Committee
Summary of Meeting Minutes
November 4, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – **present**	Chuck Palmer –
David Hudson – **present**	Mikki Stier – **present**
Dennis Tibben – **present**	Deb Johnson –
Natalie Ginty – **present**	Liz Matney – **present**
Shelly Chandler – **present**	Matt Highland – **present**
Cindy Baddeloo – **present**	Lindsay Paulson – **present**
Kate Gainer – **present**	Sean Bagniewski – **present**
Lori Allen – **present**	Amy McCoy –
Richard Crouch –	Luisito Cabrera – **present**
Julie Fugenschuh – **present**	Alisha Timmerman – **present**
Jodi Tomlonovic – **present**	

Introduction
Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above.

Approval of the Executive Committee Meeting Minutes of September 28, 2016
Minutes of the Executive Committee meeting of September 28, 2016 was approved.

Administrative Rules Draft Review and Approval
After initial discussions at the August Full Council meeting and subsequent discussions thereafter, the revised draft of the Administrative Rules was provided to the Committee which included minor updates on the distinction between the co-chair and the public co-chair, clarification on voting and non-voting members in the Council, the rules governing the drafting of recommendations to the Department, and clarification on the process for voting for business and professional entities in the Executive Committee. It was made clear that members were to be elected as an entity and not the individual, and that business and professional entities were to then choose their representative for the position. It was made clear that public members vote for public and professional entities vote for the business and professional entities. Gerd suggested that the Attorney General's office be requested to give an orientation for the Executive Committee to clarify expectations in addition to governance training and recommended that the document should also specify details of any special election process and that ballots only include the entity name and not the name of the representative.

Work Plan and Report Review Workgroup
The November 21, 2016, agenda was discussed in day's meeting. Report Analysis Workgroup will meet immediately after the November 29 Executive Committee meeting by extending that meeting for approximately two hours. The Report Analysis Workgroup is to be open to all Full Council members to discuss Medicaid Managed Care Reports (monthly, quarterly geographic access, and statistical) in order to make recommendations to the Department and determine what is necessary for the program to operate successfully. The January 2016, Committee meeting will include a training from the Attorney General's Office regarding the governance of the Committee.

Action Items:

- Update on the new CMS managed care rules and whether changes are necessary to be in compliance.

Public Comment (Non-Executive Committee Members)
Jim Cushing requested additional information than the current data provided by the Department. Jim recommended that DAS present to the Council on how to review data and interpret the data. Anthony Carroll inquired the length of time that the MCOs are processing Prior Authorizations

Action Items:

- The Department to provide information on status of individuals who are institutionalized in a hospital or facility for beyond 30 days and had been on waiver services although when transitioning out of institution lose their waiver services.

Adjourned
2:03 P.M.

MAAC Full Council Meeting
Summary of Meeting Minutes
November 21, 2016

Introduction ***(See the roll call document to review the Full Council attendance.)***
Gerd called the meeting to order and performed the roll call and declared that there was quorum.

Approval of August 17, 2016 Full Council Meeting Minutes
Gerd asked the Council if there were any changes to the minutes of the Full Council meeting of August 17, 2016. It was indicated that Natalie Ginty's name had been spelled incorrectly. Gerd stated that the minutes were approved upon completion of the suggested edit.

Administrative Rules Update
The revised draft of the Administrative Rules was provided to the Council which included minor updates on the distinction between the co-chair and the public co-chair, clarification on voting and non-voting members in the Council, the rules governing the drafting of recommendations to the Department, and clarification on the process for voting for business and professional entities in the Executive Committee. Gerd discussed the summary of changes and the process of recommendations to the Department of Human Services (DHS) Council. The Council had made suggestions in the August 17, 2016 Council meeting and the Committee updated the rules with suggestions from the meeting therefore, the document would be sent to the DHS Council for review.

Public Comment Listening Sessions Update
Summary of notes from the Public Comment Listening Sessions between March 2016 and October 2016 were provided to the Council. The summaries included comments and questions identified at each location. Per House File 2460, the Council and Committee were to make recommendations on a quarterly basis to the Department based on the summaries. The Council was encouraged to attend future meetings for additional insight in recommendations.

Executive Committee Summary
Summaries of approved minutes for 2015 and 2016 to date Council and Committee meeting discussions of managed care in meeting materials were provided. Recommendations to the Department may be based on information within the summaries. Gerd advised that Council members may speak with any Committee members if they have additional recommendations.

Updates on Required Legislative Reports

- **Executive Committee Summaries**
  Executive summaries to be submitted to DHS no later than November 15, annually, for inclusion in the annual report.

- **Public Comment Meeting Summary**
  The Committee to make recommendations on a quarterly basis to the Department based on the feedback in the Public Comment Listening Sessions summaries. The Council to

Update from the Medicaid Director

Mikki provided an update regarding the continuation of work being done with the MCOs including making sure the correct rates were established with each MCO. The IME continued to work with CMS regarding the credentialing of providers and Mikki informed the Council that the IME was currently in the process of re-enrolling all of its providers which added a strain on the credentialing process; she encouraged the Council to remain vigilant for more informational letters regarding these important points. The IME continued to do outreach for associations, providers, and MCO partners to ensure a smooth transition.

Updates from MCOs

a. **Amerigroup Iowa, Inc.**
   The representative discussed community outreach and volunteering throughout the state.

b. **AmeriHealth Caritas Iowa, Inc.**
   The representative outlined statistical data on member- and provider-services call centers and stated they had increased staffing for provider network team. Member/Provider Stakeholder Advisory Committee Meeting to take place on December 8, 2016, between 5 p.m. and 7 p.m. at the AmeriHealth Caritas Wellness center, 3420 Martin Luther King Jr. Parkway, Des Moines, IA 50310.

c. **UnitedHealthcare Plan of the River Valley, Inc.**
   The representative provided general information regarding additional assistance available to providers and stated documents were available on the UnitedHealthcare website to assist providers.

Public Comments

No comments from the Council.

Adjourn

3:00 p.m.

Iowa Department of Human Services

Medical Assistance Advisory Council
MAAC

Mikki Stier, Iowa Medicaid Director

Executive Committee
Summary of Meeting Minutes
November 29, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – **present**	Chuck Palmer –
David Hudson – **present**	Mikki Stier – **present**
Dennis Tibben – **present**	Deb Johnson – **present**
Natalie Ginty – **present**	Liz Matney –
Shelly Chandler – **present**	Matt Highland – **present**
Cindy Baddeloo –	Lindsay Paulson – **present**
Kate Gainer – **present**	Sean Bagniewski – **present**
Lori Allen –	Amy McCoy –
Richard Crouch –	Luisito Cabrera – **present**
Julie Fugenschuh – **present**	Alisha Timmerman – **present**
Jodi Tomlonovic – **present**	

Introduction
Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above.

Approval of the Executive Committee Meeting Minutes of November 4, 2016
Minutes of the Executive Committee meeting of November 4, 2016 was approved.

Review and Discuss the Sixteen Recommendations from the Full Council Meeting
Gerd and Dennis' recommendation documents were presented to the Committee. The Committee reviewed the 16 recommendations on the documents, discussing additional recommendations, and agreed that the recommendations would be divided as follows:

Quarterly Public Comment Listening Session Recommendations

1. Prior Authorization
2. Case Management
3. Credentialing
4. Timeliness of reimbursement
5. Consistency of MCO customer service
6. Access to care
7. Mental health access
8. Reduced geographical access

Health Policy Oversight Committee Meeting
Gerd informed the Committee that they had been invited to attend the December 13, 2016, Health Policy Oversight Committee meeting. The Executive Committee is to give a presentation regarding the IA Health Link Public Comment Listening Sessions and an update for the Health Policy Oversight Committee on the status of discussions about quarterly recommendations.

Public Comment (Non-Executive Committee Members)
Gerd solicited comments. No comments were made.

Adjourned
4:34 P.M.

Iowa Department of Human Services

Medical Assistance Advisory Council
MAAC

Mikki Stier, Iowa Medicaid Director

Executive Committee
Summary of Meeting Minutes
December 20, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh –	Chuck Palmer –
David Hudson – **present**	Mikki Stier –
Dennis Tibben – **present**	Deb Johnson – **present**
Natalie Ginty – **present**	Liz Matney – **present**
Shelly Chandler –	Matt Highland – **present**
Cindy Baddeloo – **present**	Lindsay Paulson – **present**
Kate Gainer –	Sean Bagniewski – **present**
Lori Allen – **present**	Amy McCoy –
Richard Crouch –	Luisito Cabrera –
Julie Fugenschuh – **present**	Alisha Timmerman – **present**
Jodi Tomlonovic – **present**	

Introduction
David called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above.

Approval of the Executive Committee Meeting Minutes of November 29, 2016
Minutes of the Executive Committee meeting on November 29, 2016 was approved.

Review and Discuss the Ten Primary Set of Recommendations Relating to Public Listening Sessions – Subcommittee Update
The Public Comment Listening Sessions Subcommittee Recommendations document was presented to the Committee. The Committee reviewed the 10 recommendations and discussed additional current and potential future recommendations to be presented to the Department.

Prior Authorization
Clarification was given that Prior Authorization (PA) recommendations were regarding inconsistency in PA approvals for the same service within MCOs, as well as consistency amongst the MCOs for immediate approval of an alternate PA when a similar service is deemed more appropriate at the time of the scheduled appointment. Additionally, it was identified that each MCOs contract with the state specified that if a PA was not approved within 7 days it would automatically be considered approved however, this standard was not being applied in all instances.

Formal Recommendations

1. Require that all provider manuals be clearly posted in an easily accessible format and location.
2. Develop a new methodology to track consistency of authorization within MCOs.
3. Enforce and communicate to the MCOs the cap after which a Prior Authorization request is deemed approved if the MCO has not taken action; the MCOs are then to communicate this information to providers.

Future Discussion

1. Encourage the MCOs to have alignment in areas of care to develop consistent service groups or crosswalk standards for Prior Authorizations to allow for instances where approval is obtained for a specific service. Also request that the MCOs consider developing an exemption process based on medical necessity.
2. Develop standardized PA requirements across MCOs

Credentialing

It was discussed that the MCOs had different credentialing requirements. Liz and Sean confirmed that per MCO contracts with the state, the MCOs are allowed to have additional and different credentialing requirements due to NCQA standards and requirements specific to their organization. The Committee also recognized that providers were having issues with the timeliness of credentialing.

Formal Recommendations

1. The Department to determine the differences in credentialing between the MCOs and develop a comparison grid of what additional measures beyond the universal credentialing application form each individual MCO requires.

Timeliness of Reimbursement

The accuracy of claims payments was discussed and it was determined that additional information would be needed regarding the percentage of clean claims prior to making additional recommendations. Clearinghouse to clearinghouse data would also be requested from the MCOs to determine denial rates of claims submissions.

Formal Recommendations

1. Determine the percentage of clean claims payments that were paid on time and at the established rate floors and MCO contracted rates to track the accuracy of provider payments and initial claims rejection rates.
2. Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to the denial rates from the clearinghouses and include this data in the Quarterly Report.

Consistency of MCO Customer Service

The Committee noted that there had been inconsistency in information provided to both providers and members by the MCO Customer Services Representatives. Lindsay stated that there was currently a secret shopper quality assurance process carried out by Iowa Medicaid to ensure accurate information is provided by the MCOs.

Formal Recommendations

1. Consider adding the accuracy and consistency information provided by the MCO Customer Service Representatives to both providers and members in the Quarterly Report.
2. Add secret shopper results to the Quarterly Report.

Increase in Provider Administrative Cost
Topic addressed in number 1 and 5 of the document.

Consumer Navigation of New Systems
It was discussed that members were not able to access the same level of care depending on which MCO the member was enrolled. Members were also not aware of what services were available to them, why some services were being denied, and what resources were available to them to assist with said information.

Formal Recommendations

1. Encourage to develop a standardized process across the MCOs regarding consistent messaging that informs members what services will be provided by each MCO, the process for denying those services, and what resources will be given to review available services. Also encourage greater patient communication from the MCOs in a more approachable and easily understandable manner concerning said service information.

Numbers 7 of the recommendations document to be deferred to the Mental Health and Disabilities Services (MHDS) Commission as they specifically address mental health issues. Additional information regarding Case Management, Access to Care, Reduced Geographical Access, and Consumer Navigation of new System was to be gathered from listed individuals for further discussion at the MAAC Executive Committee meeting to be held January 12, 2017.

Review the Four Remaining Secondary Set of Recommendations from the Full Council Meeting
Further information is to be obtained regarding numbers 3 and 4 from Full Council member, Dave Carlyle for January 19, 2017 Executive Committee meeting. Discussion ensued regarding the Medicaid Reapplication process for Elderly Waiver services recipients.

Medicaid Reapplication
It was clarified that members receiving Elderly Waiver services were removed from the waiver program following a 30 day or more stay in a nursing facility per the Iowa Administrative Code. Once released from the nursing facility, members who had been removed from the Elderly Waiver program were required to reapply for program which resulted in a delay of services.

Potential Future Recommendation

1. Extend the allotted 30 day nursing facility stay for Elderly Waiver recipients to 120 days and then evaluate how this extension impacts other waiver services programs.

Gerd and David were to select approximately 3 to 4 persons from the Full Council, including Cindy, for a subcommittee who would provide further insight into the Medicaid reapplication process. The information gathered in the subcommittee meeting is to be communicated to the Executive Committee at the Committee meeting to be held January 19, 2017.

Presentation of the SFY17 Quarterly Report
Liz presented updates on progress that had been made following implementation. Updates included Integrated Health Homes and Chronic Health Homes, data, quality assurance, waiver slot processes, CMS regulatory changes, and Electronic Visit Verification (EVV). Lori suggested that the resources being used for EVV would be better utilized in the payment of persons who deliver services to members. The following potential recommendations in regards to the EVV are to be discussed at a future Committee meeting:

Potential Future Recommendation

1. Provide data regarding the way in which funds are paid to service providers and evaluate ways to increase payment to said individuals.
2. Request that the Department supply the research used to determine how much fraudulent billing and service delivery is occurring.

The Managed Care Quarterly Report was presented and Liz reviewed the document

Review Action Items Update
Action Items were not reviewed.

Public Comment Listening Sessions Summary
Lindsay stated that last meeting had taken place in Des Moines on December 7, 2016 and the next meeting would be January 19, 2017, in Fort Madison. Issues discussed at the Des Moines meeting were reflected in the summary document. Members, stakeholders, and providers presented comments about the advertisement of meetings and value-added services while also echoing comments that had been made at prior meetings such as NEMT services.

Public Comment (Non-Executive Committee Members)
Jim Cushing with the Iowa Association of Area Agencies on Aging encouraged the state to examine how the MCOs reported their data differently, especially in the area of Case Management as the information within the Quarterly Report had been unclear and appeared inaccurate.

Adjourned
4:50 P.M.

BOARD MEETING MINUTES
October 24, 2016

BOARD MEMBERS

Angela Burke Boston
Jim Donoghue
Eric Kohlsdorf
Kelly Renfrow
Dr. Bob Russell

EX-OFFICIO LEGISLATIVE MEMBERS

Representative John Forbes (absent)
Senator Janet Petersen (absent)
Representative Ken Rizer (absent)
Senator Jack Whitver

Staff

Mikki Stier
Debbie Johnson
Liz Matney
Anna Ruggle
Matt Highland
Nick Peters
Sabrina Johnson

Guests

Joe Estes, MAXIMUS
Lynh Patterson, Delta Dental
Jean Johnson, IDPH
Kris Bell, Senate Democratic Caucus
Sandi Hurtado-Peters, IDOM
Melissa Havig, Amerigroup
Natalie Koerber, Amerigroup

CALL TO ORDER

Eric Kohlsdorf called the meeting to order at 12:33 p.m.

ROLL CALL

A quorum of Board members was present. One ex-officio legislative member was present.

Clinical Advisory Board, chaired by Dr. C. David Smith will, in the future, be a part of the agenda for each ***hawk-i*** meeting.

Stier encouraged the board to ask for any information that they feel would be helpful in their role as board member.

Stier gave a brief report on enrollment and financial matters.

OUTREACH REPORT

Jean Johnson, Iowa Department of Public Health (IDPH) ***hawk-i*** Outreach Coordinator, provided a written report to the board. In the last quarter, outreach efforts were focused on back to school activities. An outreach effort was renewed at the Farm and Progress Show. A presence at vacation bible schools continued as well as a centralized meeting with the statewide ***hawk-i*** coordinators.

COMMUNICATION UPDATES

Matt Highland reported that the transition of the ***hawk-i*** website was completed the end of September. Links from the previous website are in place. Second edition of the ***hawk-i*** e-news is available to everyone through subscription on the ***hawk-i*** and IME website.

PUBLIC COMMENT

No public comment

NEW BUSINESS

No new business

NEXT MEETING

The next meeting will be December 19, 2016.

ADJOURNMENT

Meeting adjourned at 1:21 p.m.

Submitted by,

Nick Peters, Recorder of Minutes