

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

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

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.

ROLL CALL

All Council members were present. All Ex-officio legislative members were absent with the exception of Senator Segebart.

RULES

Nancy Freudenberg, Bureau of Policy Coordination, presented the following rules to the Council.

R-1. Amendments to Chapter 11, Food Assistance. Amendments implement a change that shortens the timeframe for referring delinquent claims to the Treasury Offset Program (TOP). Under the revised timeframes, claims must be referred to TOP if delinquent over 120 days.

A motion was made by Wallace and seconded by Heffernan to approve. MOTION CARRIED UNANIMOUSLY.

R-2. Amendments to Chapters 36 and 82, Medicaid. Amendments change the timing and calculation of ICF/ID assessments. The change is to collect quarterly from the facilities based on paid claims, rather than withhold from claims monthly based on prior period annual revenue.

A motion was made by Hansell and seconded by Wallace to approve. MOTION CARRIED UNANIMOUSLY.

R-3. 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 N-1 below).

A motion was made by Heffernan and seconded by Wallace to approve. MOTION CARRIED UNANIMOUSLY.

R-4. 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 Wallace and seconded by Kudej to approve. MOTION CARRIED UNANIMOUSLY.

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.

UPDATE ON CHILDREN'S MENTAL HEALTH AND WELL-BEING WORK GROUP

Rick Shults and Wendy Rickman addressed the Council.

Shults reported there are currently two grants operating regarding crisis services and two learning labs grant awards for improving child well-being. He noted that Chapel Hill (University of Chicago) and the University of Iowa are lending their expertise in measuring. The Casey Foundation is also invested in this initiative. These projects share information among each other - the hope is that a model will be developed that others can use and share.

Rickman noted that the group launched with the idea of "well-being" as a bigger concept. The groups are moving along very well and the key is collaboration. The next round of Requests for Proposals will focus on 'prevention'. She noted that the meetings are well attended by the public.

MANAGED CARE OVERSIGHT: REVIEW OF "MANAGED CARE ORGANIZATION REPORT: SFY 2017 QUARTER 1 (JULY-SEPTEMBER) PERFORMANCE DATA" PUBLISHED NOVEMBER 30, 2016

Mikki Stier, Medicaid Director, and Liz Matney, Managed Care Director, reviewed the report with the Council.

Stier noted:

- Collaboration and communication is key
- Listening sessions continue
- Department receives constant feedback from associations
- More detail has been added to the Executive Summary
- More detail added to the section on Program Integrity

Matney noted that the department continues to work on the reporting from the Managed Care Organizations (MCOs). It is not a static report and DHS continue to do refinements.

Kudej asked what would happen if the Affordable Care Act (ACA) were abolished?

Stier replied that the ACA and the Iowa Health and Wellness Plan are big components and the waiver is established for three years for that population. She noted that the department has ongoing dialog with the Centers for Medicaid Services (CMS). Palmer reported that the department's job is to plan ahead and to find out as much as possible on what may happen. Iowa has a responsibility to have sustainable programs that are financially stable. As more information becomes available, it will be shared with the Council.

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

department will monitor this closely as this is a very complex system. Stier noted that IME meets monthly with the Pharmacy Benefits Managers (BPMs) and the IME Pharmacy Director meets monthly with the MCO Pharmacy Directors. Matney reported that data is refined from last quarter and the department continues to work towards more reliable data going forward (page 51).

- Value added services utilization was discussed (page 52). Each MCO develops their own value added services.
- The department is working on improving the numbers regarding Prior Authorizations (page 57) - members should not be adversely affected by untimeliness.
- Regarding 'Program Integrity' (page 66), Matney reports there is still work to do. The department only has 90 days of claims to work from and as more claims data is received, the department will see issues ramp-up and see if providers need to be looked into.
- Health Care Outcomes (pages 67-68) - it will be important to look at the annual reports which will come out soon.
- In response to Heffernan question regarding number of readmissions, specifically that Amerigroup's numbers seem high - Matney responded that there are many factors involved in those numbers.
- In response to questions from Spading regarding program cost savings (page 63) Jean Slaybaugh, Chief Financial Officer, reported that the department's projection is less than what was spent last year. Savings estimates result from the managed care adjustment (a decrease in per member per month expenditures); and the administrative load paid on the capitation rates. Spading noted that she does not see where the savings are coming from and requested to see the spend next to the anticipated. Slaybaugh will provide Spading with more specific information as well as information on last year's fee-for-service. Senator Segebart proposed that the total number of denied claims be listed in the report.

COUNCIL UPDATES

Heffernan noted that she was very impressed with the Eldora Training School during the Council's meeting there last month.

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*