



February 16, 2016

Iowa High Quality Health Care Initiative Update on Readiness Actions Identified by CMS for IA Health Link Implementation

#	Topic	Actions	Status
1	Communications Plan	Development of more robust and comprehensive communication plans and capacities to get timely, detailed, accurate information to beneficiaries and providers, particularly as information changes and transition strategies evolve. The plan needs to ensure consistent information is provided to beneficiaries and providers from different MCO staff and state staff.	Completed
2	IME Call Center	Enhance and monitor the capacity of its beneficiary call center to provide beneficiaries information and support necessary to transition to managed care. Enhancements to include, at minimum: a. Call center infrastructure to handle actual volume b. Call center fully staffed and trained c. Staff access to scripts, tools and information to assist beneficiaries in understanding the transition	Completed
3	Member Selection Process	IME must allow beneficiaries additional time to select an MCO with the network providers most likely to meet their needs. As MCOs expand networks, must allow beneficiaries continued opportunities to switch plans in order to mitigate access concerns by allowing beneficiaries to select MCOs that are contracted with their usual providers.	Completed

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4	Network	IME and MCOs to use anticipated enrollment information, based on MCO auto-assignment process, and enrollee claim history to evaluate the extent to which the MCOs' contracted, network providers cover the normal, expected utilization for the MCOs' expected enrollment (i.e. gap analysis using GeoAccess). The MCOs must conduct the gap analysis in greater detail and with more specificity, including services under the 1915(c) waivers.	Completed
5	Network Development	MCOs to use gap analysis to target their network development and provider contracting efforts on the providers most critical to covering the historical utilization of the anticipated enrollees.	Completed*
6	Review of Network Gap Analysis	IME and CMS will collaboratively review MCOs' gap analyses weekly over next 6 weeks to assess the extent to which MCOs' network providers cover the historical utilization of the anticipated enrollees.	Completed
7	Analysis of Network	IME must require that for all provider types in the MCOs' networks, those network providers cover a meaningful percentage of the historical or expected utilization of the anticipated enrollees. IME, MCOs and CMS will collaborate on the most appropriate methods to evaluate a meaningful percentage that accounts for: a. IME and MCO's evolving provider network mitigation strategies b. Normal variation in the MCOs' categorization of providers, operations and provider network analytics c. Accounts for the different Medicaid populations transitioning	Completed
8	Out-of-Network Administrative Practices	IME and MCOs to jointly meet with providers, clinic, facility and agency administrators and provider associations to evaluate reasonable actions that all parties can take to minimize the administrative burden on out-of-network providers during the transition period, particularly for providers that serve individuals with special health needs.	Completed



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9	PA Requirements	If IME and MCOs believe temporarily suspending some MCO PA requirements would facilitate beneficiaries' access and coordination of care during the transition, IME and MCOs must develop, communicate and implement common strategy and inform providers of retrospective review.	Completed
10	PA Requirements: Implementation	If IME and MCOs temporarily suspend some of the MCO PA requirements, IME and MCOs must develop, communicate and implement a common approach to ensuring program integrity during this suspension. IME and the MCOs need to clearly communicate this approach to providers before the transition.	Completed
11	PA Requirements: Communications	If IME and MCOs temporarily suspend some of the MCO PA requirements, IME and MCOs must have comprehensive communication plan to minimize confusion and proactively address the fact that all of the MCOs' provider manuals and member manuals explicitly require all out-of-network care to have PA.	Completed
12	LTSS Case Management	IME and MCOs must ensure that LTSS case managers are available, have the appropriate expertise, are trained on relevant case management systems and are assigned to beneficiaries before the transition to managed care. IME needs to verify and monitor that MCOs: a. Have mechanism to ensure 100% of beneficiaries are assigned case manager before implementation b. Develop and implement a strategy to communicate to beneficiaries their assigned case managers as soon as a beneficiary is enrolled in an MCO	Completed*

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13	LTSS Case Management Reporting	IME and MCOs need to develop and implement a plan for each MCO to compile and submit to IME a detailed report beginning 1/20 and biweekly thereafter until the implementation date, that shows: a. Case manager to beneficiary ratios comply with state standards for each 1915(c) waiver and the behavioral health population b. The percentage of beneficiaries enrolled (or anticipated to be enrolled) in the MCOs with an assigned, and appropriately trained, case manager who is in-network, or has given agreement to provide case management as an out-of-network case manager	Completed
14	Ombudsman	Fully functioning LTSS Ombudsman available to assist beneficiaries prior to implementation date. Ombudsman needs to demonstrate: a. Fully developed protocols, policies and procedures b. Staff is fully trained and knowledgeable on the functions, responsibilities and contractual requirements of MCOs	Completed
15	Pharmacy	One MCO did not have its pharmacy systems configured and tested for Iowa's pharmacy benefit. IME needs to verify and document that the MCO has properly configured and tested its pharmacy system consistent with IME's contractual requirements.	Completed
16	Contract Amendment	IME and MCOs must fully execute the contract amendments necessary to align the IME/MCO contract with the mitigation/contingency plans communicated by IME and MCOs.	Completed

*Iowa Medicaid Enterprise and the Centers for Medicare and Medicaid Services (CMS) continue to monitor as Go-Live nears. The CMS letter sent December 17, 2015, outlining the issues for Iowa to address for a March 1 implementation, is found at: https://dhs.iowa.gov/sites/default/files/CMS_Letter_to_Iowa_12-17-15.pdf

More on IA Health Link at www.iahealthlink.gov and <http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>