



Iowa Department of Human Services
Process Improvement Working Group Work Plan
Group 3 – Clinical and Quality Outcomes/Data Transparency

ID	Issues	Start Date	Action Items	Category	Owner	Notes
NEW Needs #	Supports Intensity Scale Assessment		Review Person Centered Planning process (This might be more appropriate in benefits/PA)			MCOs and IME presented on this topic and information will be posted to website.
57	Require MCO to participate in joint treatment planning and intensive telephonic care coordination.	4/23/2018	Provider to send RFP and contract to Liz Matney with language. Per provider, the joint call is written in the RFP and in contracts in behavioral health world. Now told by MCOs, that they don't do that. Not just clinical factors but also social factors are part of a successful discharge. On calls, they talk about next steps and are able to flex (individualize) funding around individual.	Clinical/Quality Outcomes	Provider	Received RFP information from Provider on May 8.
			Providers requested MCOs look at contract language and commitment from MCOs to provider. If need release, provider will get release.	Clinical/Quality Outcomes	MCOs	AGP and UHC participate if all appropriate disclosures and HIPAA are signed or verbal consent by the member is given, as required. Considered closed after MCOs discuss with group.
58	Lack of MCOs engagement w/post acute care providers. Original Wording: Innovation/VBP/P4P: Lack of engagement w/post acute providers in this space. Willing and asking for opportunities but UHC particularly only interested in hospital P4P. We have 45 providers in a network case willing to innovate in post acute space.	4/23/2018	IME to find original issue and, if possible, owner. Move issue to bottom of list.	Clinical/Quality Outcomes	IME	Unclear what this is related to and considered closed unless more clarification is received.
			Provider to send more detailed example of issue wording to IME.	Clinical/Quality Outcomes	Provider	Follow up sent to provider.
59	Concern with primary care provider (PCP) assignment and value based incentives. FROM IMGMA: MCO has attributed patients to Non Primary Care Providers (ER, Hospitalist, etc.) but PCPs are seeing those patients - but MCO tells PCP they don't have enough attributed patients for value based incentives.	4/23/2018	IME to find original issue and, if possible owner. Move issue to bottom of list.	Clinical/Quality Outcomes	IME	MCOs are reviewing and will provide responses in future meetings.
			Provider (and author) submitted example to IME.	Clinical/Quality Outcomes	Provider	Without original issue, there was a discussion on assignment of PCP - may not be put into the system correctly leading to credentialing issues. Then resident or doctor may not be recognized in database.



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60	Lack of incentives for provider innovation and positive outcome measures.	4/23/2018	Providers make recommendations for innovation/creativity in helping members become more successful.	Clinical/Quality Outcomes	MCO	If incentives instituted, some providers would welcome the opportunity to know their ranking among other providers. Providers would welcome opportunity to get expertise, review performance measures and recommend tweaks. Examples include scorecards, common data elements, etc. MCOs to present on incentive opportunities and documentation to be posted on webpage. Providers, IME, and MCOs to discuss what is currently collected and priorities.
			Find ways for provider community to assist MCOs in member health.	Clinical/Quality Outcomes	Group	Please provide suggestions.
			Provider will check and get feedback. Many of their patients are part of Iowa HealthLink. Sending off referral. Are they utilizing correctly?	Clinical/Quality Outcomes	Provider	Please provide examples and additional information.
61	Need to ensure that providers can afford to serve members who are expensive to provide care for.	4/23/2018	Providers requested that MCOs identify opportunities to educate providers. MCO provides adequately to the area. Provider density if available on MCO website. There are providers listed in the area, but they may not be providing services even though on list. IME breaks down by CPT code. Track service by level of care to service.	Clinical/Quality Outcomes	MCO/ Provider	HH have stopped accepting Medicaid patients. NF will not take that risk. They may not get paid - \$30/day underfunded. If kids need testing, some providers may not do because they will not get reimbursed. Very little can be done other than increasing rates - directed by Legislators. How are complex needs defined?
			Providers to identify and send lists of common complex needs and definitions of complex needs.	Clinical/Quality Outcomes	Provider	On May 9, Provider sent list of Special populations that need services that are unavailable.



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62	MCOs are managing BH and Primary care in silos - ensure all service delivery systems are coordinated.	4/23/2018	Provider gave an example of a pregnant mom in 1st trimester who was finishing substance abuse care and in need for inpatient care, She's homeless with no place to go. MCO tells facility to keep the mom at their facility. Neonatal monitored in the facility. Mom is the focus of MCO. If provider discharges woman and child without support, then mom and baby end up in hospital. Provider to send example to MCO, who will track and see what is missing.	Clinical/Quality Outcomes	Provider/ MCO	Provider asked if there is a way that auths can be in one package when there is a treatment plan? Provider says their facility has created an integrated treatment plan but needs to call three different places to get authorized. Outside entities are not coordinating and taking a longer period of time. Is there some step that can get closer to resolution? MCO perspective - use state's PDL. Drugs and PA PDL are the same. IME and MCOs presented on how to request authorization on more than one code and documentation will be posted to webpage. Authorizations requested must be within scope of practice.
			Providers requested that MCOs and IME reach out to Provider above.	Clinical/Quality Outcomes	MCOs/IME	Closed.
			Provider is a safety net hospital. Feels MCOs don't communicate or try to get historical data. When provider tries to get money back, ran into problem with PA drugs because Provider hadn't talked with (current) MCOs. Provider to supply feedback to MCOs.	Clinical/Quality Outcomes	Provider	To be handled with provider and MCO.
			Providers requested identifying ways that authorizations can be sought as a "package" when there is a treatment plan. Are there steps to take to reduce "siloining" of authorizations?	Clinical/Quality Outcomes	MCO/IME	IME and MCOs presented to group and information will be posetd to website.



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63	There's a large disparity in preventative care to a high risk population. Original Wording: Unlike other states, Iowa doesn't have definition of Medical Necessity (MN). Does not incorporate a preventative focus. As a result, evidence-based interventions that can help prevent conditions from developing or getting worse are denied. Adopting a definition of MN with a preventative focus would help connect members to early interventions and reduce future costs for more expensive treatment (e.g., home visiting services for 16 year old moms deemed not MN).	5/11/2018	IME to find original issue and, if possible, owner. Move issue to bottom of list.	Clinical/Quality Outcomes	IME	Provider has heard of issues with high risk populations, like teen mom getting preventive services denied because not medically necessary. Please provide examples.
64	Need effective case management in coordinating of LTSS, medical health and behavioral health.	5/11/2018	IBHA members to ask for specifics at next Association meeting and submit issues to the group.	Clinical/Quality Outcomes	Providers	There is a process in place and looking at where it is not working. Perhaps case management training is not effective for LTSS. This is a communication issue. MCOs will bring back and see if its a policy issue.
			MCOs requested to provide a resource guide when there are escalated issues with CBCM - for non-everyday issues.	Clinical/Quality Outcomes	MCOs	MCOs presented on case management process and pathway for escalation. Both MCOs have map on website with case management supervisor information by region.
			MCOs to bring back and see if it's a policy issue.	Clinical/Quality Outcomes	MCOs	IME and MCOs to work on defining the roles and responsibilities of participants in JTP groups as this is sometimes not clear.
65	Requesting process charts demonstrating how interventions and services meet the overall goal of each program. Original Wording: Better process charts with how interventions and services meet the overall goal of each program. (HCBS/LTSS)	5/11/2018	IME to find original issue and, if possible, owner. Move issue to bottom of list.	Clinical/Quality Outcomes	IME	Complete.



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66	Providers are requesting comparative outcome measures.	5/11/2018	Providers to give feedback on quality metrics they want to see.	Clinical/Quality Outcomes	Providers	There are many measures looking at utilization. There are many data sources. Need to clarify issue. Feedback from providers on quality metrics they want to see.
94	Request a referral system between MCOs and pre-ambulatory health plans (PAHPs) to include a referral system and sharing of data for chronic disease members.	5/11/2018	Delta Dental to provide specific examples with coordinating with MCOs on dental and health managed care plans.	Data Transparency	Provider	Referrals between PAHPs and MCOs is currently not possible as these entities do not have business associates agreements. IME looking into long term possibilities.
			Examples to also come from MCOs	Data Transparency	MCOs	
			IME will research if there can be a more formal process. Check on possible legal issues.	Data Transparency	IME	Referrals between PAHPs and MCOs is currently not possible as these entities do not have business associates agreements. IME looking into long term possibilities.
95	Analyze claim payment statistics by different categories for better snapshot of what is/isn't working.	5/11/2018	IME requested to separate out by provider categories.	Data Transparency	IME	Analysis in process.
			Provider to look at where members get bottlenecked. She ties claims to level of service.	Data Transparency	Provider	Please send examples.
96	Recommend MCO activities be audited and sampled by independent auditors.			Data Transparency		External quality review organization does conduct reviews of MCO policies, procedures and associated evidence to support those P&Ps.
97	Use data to measure progress towards program goals.			Data Transparency		Iowa Medicaid and the MCOs do use data to measure program outcomes on a regular basis, including but not limited to what is published in the quarterly performance report. Suggestions are welcome from providers and stakeholders. Example measures were sent to workgroup for review and comment following the September meeting.
98	Considerations for measuring outcomes and making program decisions			Data Transparency		See above.



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99	Report on Medicaid access not only from a provider enrollment perspective but also including the number of providers accepting new members.			Data Transparency		Iowa Medicaid is in the process of developing a process to monitor how many providers have open networks.
100	Share data on provider performance.			Data Transparency		MCOs and IME to pull together data on provider type claim and prior authorization denials and present at November meeting. Please provide suggestions on what other type of data would be helpful.