



BOARD MEETING MINUTES
April 18, 2016
State Historical Building of Iowa

Meeting called to order at 12:30 P.M.

Roll call taken. Members present:

Board Members

Angela Burke Boston
Jim Donoghue
Mary Mincer Hansen
Eric Kohlsdorf
Kelly Renfrow (telephone)

Legislative Board Members

Senator Janet Petersen (telephone)

Others attending:

Department of Human Services Staff:

Mikki Stier Anna Ruggle Amy McCoy
Matt Highland Kera Oestreich

Guests

Joe Estes
Lynh Patterson
Jean Johnson
Cheryl Harding
Meg Harris
Amy Muhlenbruck
Cynthia McDonald
Kim Fultz
Nancy Lind
Sandi Hurtado-Peters

Affiliation

MAXIMUS
Delta Dental
IDPH
AmeriHealth Caritas Iowa
AmeriHealth Caritas Iowa
AmeriHealth Caritas Iowa
Amerigroup Iowa
United Health Care of the River Valley, Inc.
United Health Care of the River Valley, Inc.
IDOM

I. Approval of minutes

Motion: Approval of Minutes from February 16, 2016 Board meeting
Vote: Motion (Donoghue, Kohlsdorf) passed. Minutes approved with changes.

II. Report from the Chair – Dr. Mary Mincer Hansen

Dr. Hansen informed the board that her tenure as chair will end with this meeting. Her term on the board also ends April 30, 2016. She has not heard from the

Governor's office about a reappointment. As of April 30, there will be two public vacancies on the board. These events will make it necessary for all members, public, statutory, and elected to attend the meeting in order to have a quorum.

Dr. Hansen acknowledged that the staff from the MCOs are present. Dr. Hansen reiterated the questions she had asked Medicaid Director Mikki Stier to pose to the MCOs:

1. A report on issues in other states directly relating to the children's health insurance program.
2. Insurance coverage and managed care coverage in other states where each MCO has done business.

Dr. Hansen also encouraged the MCO representatives to report on any issues that may have occurred in the last two weeks.

III. Report from Medicaid Director – Mikki Stier

Director Stier thanked Dr. Hansen for her commitment and service to the hawk-i Board and the children this program serves.

Director Stier reported that one recent focus of Medicaid Modernization was building a strong communication package with the *hawk-i* population and families about potential concerns with their children.

Prior to April 1, 2016, a project management office was established. Each MCO has a state partner in an account manager, who is a state employee. Account managers are in frequent contact with IME leadership to provide quick resolution to any problems that may involve *hawk-i* members.

Director Stier reports that some providers are beginning to bill for services and that this process will be monitored. Monitoring will include how many times a provider is billing and if anything is suspended during the billing.

An issue has been pharmaceuticals. Pharmacy billing is done in real time. The pharmacy and medical call centers were open for two Saturdays immediately after implementation and received no calls reporting problems.

In addition, transportation is an issue. IME provided outreach to case managers to assist with procuring transportation. IME will be working with transportation agencies across the state to insure services are provided.

Eric Kohlsdorf asked Director Stier if she was saying that there had been no issues with transportation and Director Stier clarified that although problems had arisen, each problem had been addressed and resolved on a one-off basis. She said that further collaboration with the transit agencies is needed to address the issues on the whole.

IV. Communications – Matt Highland

Matt Highland reports that work is ongoing to update information for the call centers scripts so the most current information is available and that questions are answered completely. IME and MAXIMUS **hawk-i** staff have worked in collaboration to update the website.

Mr. Highland also reports that plans include migrating the **hawk-i** website hosting to the DHS website. Doing so will provide better security and the opportunity for faster information updates. There are plans for a **hawk-i** eNews that will be different than the IME Medicaid eNews.

Dr. Hansen requested that all communication issues and concerns that come to **hawk-i** be reported to the board at each meeting.

Senator Petersen asked if provider availability was being shared with members. Mr. Highland assured that provider information was available through the internet and on the phone. Senator Petersen reported that she had called the **hawk-i** call center earlier in the day and was told that individual provider information was not available, **hawk-i** families would need to check with providers to make sure they were enrolled. Joe Estes will follow-up with call center staff to ensure that provider information is accessible and understood by the customer service representatives.

V. **Discussion with MCO Representatives**

The representatives of the MCOs introduced themselves to the board. Cynthia McDonald, Plan President for Amerigroup Iowa (Amerigroup). Cheryl Harding, Market President for AmeriHealth Caritas, Kim Foltz, CEO United Community Plan of Iowa (UHC) and Nancy Lind, COO of United Health Care (UHC).

Cynthia McDonald reported that Iowa is the 20th state where Amerigroup will be doing business in managed care as well as children's programs. She reported that her report is based on two weeks of being active and new to the **hawk-i** program. She reports that currently there are 7,572 **hawk-i** members enrolled with Amerigroup. She reports no significant issues thus far with the **hawk-i** population. Before going live there was an issue around coverage for Speech Therapy services. Amerigroup is mirroring the previous coverage offered by Wellmark, covering Speech Therapy for the **hawk-i** population. Coverage problems will be addressed as quickly as possible.

Dr. Hansen requested all three MCOs to submit data from other states about quality and access and their children's programs.

Mr. Kohlsdorf asked if Amerigroup knew what the provider penetration was for the state. Ms. McDonald reported that Amerigroup is at about 98% including Medicaid and **hawk-i** members.

Cheryl Harding with AmeriHealth Caritas reports approximately 7,300 members and their program was designed to mirror Wellmark. She reports a few out of network problems but works with a provider to access services for the member.

Provider penetration is very similar to Amerigroup. Along with ensuring that the member receives the services they need, Amerigroup works with the provider with the goal of getting them to join the network. She reports five instances where providing care was difficult and only 13 reports of problems from the providers. Providers are paid out of network for services, especially single case arrangements, where negotiations are conducted with the out of network provider for a specific case.

Dr. Hansen asked all three MCOs to address the issue of how a private company makes money in this business model without cutting services or provider payment.

Jim Donoghue asked about mirroring the Wellmark coverage, he asked if there is a great deal of change in what services need prior authorization.

Cheryl Harding replied that the program is not greatly different than Wellmark, with the potential exception of some of the more expensive procedures. Cynthia McDonald reported that Amerigroup is very similar and highlighted the practice of an immediate appointment of a Case Manager to run interference for the member.

Mr. Donoghue asked the representatives to speak about information he received at a recent Iowa School Nurse Association meeting that even if a clinic is enrolled with one of the MCOs, not all individual providers at an enrolled clinic are enrolled in the MCOs. Ms. Harding confirmed that information is true. Individual plans list providers as individuals, not as a part of a clinic.

Kim Foltz, CEO UnitedHealth Care Community Plan, accompanied by Nancy Lind, COO, spoke next. Ms. Foltz reminded the board of the long history between UnitedHealthcare and the **hawk-i** program. She highlighted the information that has been published in the **hawk-i** annual report for many years. As of Friday April 15, UHC had 21,500 **hawk-i** members. Since January 1, 2016 when UHC assumed Wellmark **hawk-i** members, they have seen a net increase in members of about 11,000 since all three MCOs went live on April 1, 2016. UHC has a strong focus on immunizations and meeting member needs. Ms. Foltz reported on the network problems with one major carrier, Mercy Catholic Health Initiative, Mercy Trinity, in Northern Iowa. Negotiations are continuing, but there is no end date in sight.

Dr. Hansen asked about that UnitedHealthCare and services provided to **hawk-i** members. Ms. Foltz responded that the UHC benchmark has not changed, and in the case of Speech Therapy, the difference in coverage is the difference between rehabilitation and habilitation. Ms. Foltz assured the board that the UHC plan meets state requirements and that habilitation is not included as a requirement by the state. United HealthCare remains committed to their coverage for now and would review the package if the state changes the requirements.

Angela Burke Boston asked if United Healthcare amended the practice guidelines effective March 1, 2016. Ms. Foltz explained that they did not amend the practice guidelines; instead, on January 1, 2016 they honored Wellmark care plans. Ms. Burke Boston will follow-up on information about the change and report to the board.

Ms. McDonald reported that her company is just starting in the Iowa market and although there are no plans to decrease services or reimbursement to providers, the future is certainly unknown.

Ms. Harding explained that the method for saving money in managed care is that you provide preventative care and provide follow-up case management to decrease on-going care costs.

Ms. Foltz reiterated United HealthCare's commitment to providing quality care and the right services at the right time to get the right care. By providing prevention services, catastrophic incidents are minimized. That is the best service to the clients.

Mr. Donoghue asked about out-of-state providers, such as providers just across state lines in Council Bluffs or the Quad Cities. He was assured that they can be enrolled.

Mr. Kohlsdorf asked about the per-member-per-month (PMPM) decrease that is showing now that the MCOs are providing managed care. He identified it as approximately \$54.00 per member. He asked where those funds are going and if they all shared by management? Ms. Foltz identified that it is all part of management, MCOs are willing to share monies saved if the providers provide quality care.

Mr. Kohlsdorf asked if there was a withholding of fees to providers like is common in the HMO world. All three MCOs denied that they are withholding any funds at this time.

Dr. Hansen asked what will be used to engage the clients and make them apart of the care model. Ms. Foltz answered that engagement and case management dictate success and the goal is to involve the client and a case manager in every step of the care process.

VI. Nominating Committee for Chair and Vice Chair

Dr. Hansen reported that Dr. Russell has declined to be the chair in the coming year. She asked Jim Donoghue and Angela Burke Boston to serve on the nominating committee. They agreed. Dr. Russell may have to officiate at the next meeting, at the very least until the new chair is elected.

VII. Public Comment

VIII. New Business

IX. Adjourn

Dr. Hansen thanked the board for their hard work and commitment to ***hawk-i***.

Meeting adjourned at 2:02 PM by Chair Hansen.

Respectfully submitted,

Mary Mincer Hansen, Chair
Nick Peters, Recorder of Minutes