



BOARD MEETING MINUTES
August 15, 2016

BOARD MEMBERS

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

EX-OFFICIO LEGISLATIVE MEMBERS

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

Staff

Mikki Stier
Debbie Johnson
Liz Matney
Anna Ruggle

Matt Highland
Nick Peters
Dr. David Smith

Guests

Joe Estes, MAXIMUS
Lynh Patterson, Delta Dental
Jean Johnson, IDPH
Patty Funaro, Legislative Services Agency
Jess Benson, Legislative Services Agency
Lesley Christensen, VNS of Iowa
Kris Bell, Senate Democratic Caucus
Nancy Lind, United Health Care of the River Valley, Inc.
Sandi Hurtado-Peters, IDOM
Rebecca Anderson, University of Iowa College of Pharmacy
Lauren Hansen, Amerihealth Caritas

CALL TO ORDER

Dr. Bob Russell called the meeting to order at 12:38 p.m.

ROLL CALL

All Board members were present. Two ex-officio legislative members were present

REPORT OF NOMINATING COMMITTEE AND ELECTION OF OFFICERS

Jim Donoghue reported for Nominating committee. He provided historical information that leadership has come from the public members. The committee recommends that Eric Kohlsdorf be chair for upcoming year and that Kelly Renfrow serve as vice-chair. A motion was made by Burke Boston and seconded by Donoghue to accept slate of officers. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

Burke Boston pointed out two typographical errors on April 16, 2016 Meeting Minutes. A motion was made by Kohlsdorf and seconded by Donoghue to approve the April 16, 2016 meeting minutes as corrected and accept the May 19, 2016 minutes. MOTION CARRIED UNANIMOUSLY.

DIRECTOR'S REPORT

Director Mikki Stier introduced Liz Matney, IME bureau Chief for Managed Care who will give her overview later in the meeting.

Stier gave Managed Care transition update, this information has been presented to Department of Human Services (DHS) Council and will be presented to the Medical Assistance Advisory Committee (MAAC) later this week.

Stier highlighted pre-MCO initiatives:

- Iowa Health and Wellness Program (IHAWP) risk assessments and outcomes
- **hawk-i** care to children in Iowa
- State Innovation Model (SIM) to encourage more value-based services and the ability to quantify services

The move to Medicaid transformation includes:

- Improve access and quality of programs as well as measuring outcomes
- Accountability for our patients
- Create a more predictable and sustainable budget for Medicaid

Stier noted that the transformation was done with extensive collaboration with the Centers for Medicare and Medicaid Services (CMS):

- Review of a major coverage transformation moving more than a half-million individual's to a new program.
- CMS asked that members are able to access services that they have always depended on
- A majority of providers being paid in a timely manner.
- System issues being addressed timely and accurately

- Up-to-date information produced as quickly as possible and made available for review
- Challenges are addressed quickly, a Member Liaison has been added and will triage all departments to assure that issues are addressed
- MAAC Council continues to have monthly listening posts throughout the state for members, family members and providers ask questions and voice concerns to DHS.

Stier gave brief description of Iowa Health Link reports:

- Most states produce quarterly reports, Iowa Health Link will produce monthly reports on basic information.
- Legislation requires the production of quarterly and annual reports.
- Monthly reports include demographics; any trending will be seen in quarterly reports.
- Compliance issues will be seen in quarterly reports.
- Quarterly reports will be more in-depth and will be reviewed with the **hawk-i** board.

Matney reviewed the request for proposal (RFP) process and utilizing the RFP in building the contracts with the Managed Care Organizations (MCOs).

Oversight activity as defined in the RFP and contracts is carried out by a variety of parties:

- Staff at IME
- A variety of vendors that have expertise in Member, Provider, and Medical Services that know how things are supposed to work and can review information that the MCO's submit.
- DHS Fiscal Division that reviews and monitors expenses

Remedies are available if noncompliance is evident with the MCOs and their contracts.

Matney reported that four months into the transition, performance data is becoming available. Unfortunately, it is compiled so it is not real time. She reports that the data will be refined and defined as the program evolves.

Matney reviewed the April and May Managed Care Performance data reports. The quarterly reports, which will be much more comprehensive, will be available in the future.

Highlights of the reports:

- Data broken into three different program types
hawk-i
Iowa Wellness Plan
Medicaid
- All three of the programs have different benefit structure. Traditional Medicaid is the largest program.

A majority of **hawk-i** members are enrolled in United Healthcare as of the May, 2016 report

Any differences in enrollment numbers have to do with reenrollments and rolling enrollment.

Collected data is a shot in time

Default assignments are made when the member chooses not to change MCO after they are initially assigned.

- Age breakdown of members shows that the biggest population is 0-21 of age.
- Community-based care versus facility-based care is important because Iowa received a Balancing Incentives Grant (BIP) approximately 4 years ago that provided funds for more tools to keep people in their community location.

Key measures in the monthly reports include:

- Whether providers received payment in the contract specified time of 14 days. This is only for clean claims that are completed correctly
- Services that are prior authorized (PA) for medical and pharmacy billing according to timelines established in the contract
- Call centers are answering calls with the time frames required in the contracts
- CMS required a certain threshold of historical utilization being met for the managed care environment before authorization. This was provided and included existing data for the MCOs to compare and ensure that all members would have current services available with the new networks.

HF 2460 CHANGES TO *hawk-i* PROGRAM AND BOARD RESPONSIBILITIES

Debbie Johnson reported that House File (HF)2460, passed in the last legislative session required that occupational therapy services, both rehabilitative and habilitative, be added to provided services offered by the MCOs. This change is included in the new rules discussion later in the meeting.

Stier reported that a member of the **hawk-i** board needs to be appointed to the MAAC that meets quarterly. The **hawk-i** representative will not attend the monthly executive meeting. The next MAAC meeting is Wednesday 8/17/16 at 1:00 p.m. Burke Boston moves that Eric Kohlsdorf, new **hawk-i** board chair, be appointed to serve as the representative to the MAAC. Donoghue seconded the motion. MOTION CARRIED UNANIMOUSLY.

Stier outlined additional reporting needed for the Legislative Oversight committee will include the performance reports and the minutes of **hawk-i** board meetings. Monitoring of the board is defined as anytime the **hawk-i** board discusses managed care that it is reflected in the minutes.

REPORT BY *hawk-i* CLINICAL ADVISORY COMMITTEE

Dr. David Smith, Iowa Medicaid Medical Director, introduced himself and gave a report on the *hawk-i* Clinical Advisory Committee. He defined the role of the committee during the transition and the ongoing role advising the *hawk-i* board. The committee has addressed the evaluation of the metrics that will be coming from the MCOs and think those numbers will suffice to draw conclusions for reaction from the committee.

OUTREACH REPORT

Jean Johnson, Iowa Department of Public Health (IDPH) *hawk-i* Outreach Coordinator, gave a report to the board about outreach activities. Johnson provided a written report to the board. In the last quarter, her time has been spent with the statewide outreach coordinators to determine what outreach activities they are conducting and providing information and answering questions about the MCO transition.

COMMUNICATION UPDATES

Matt Highland reported that the *hawk-i* website move to the DHS site has been delayed due to need for an encrypted information form frequently used on the current website. Highland also announced the creation of a *hawk-i* e-news that is available to everyone through subscription on the *hawk-i* and IME website.

RULES

Debbie Johnson described the new rules, which had been previously mentioned, adds occupational therapy services to *hawk-i* coverage. The rule also clarifies the guidelines of the Federal Poverty Limit (FPL) adjustment increase because of the Affordable Care Act (ACA). Additionally, the rule includes translation and interpretation services for *hawk-i* services. Johnson points out that this rule will have a minimal fiscal impact. Donoghue moves to adopt the rules. Kohlsdorf seconded the motion. MOTION CARRIED UNANIMOUSLY

PUBLIC COMMENT

Lesley Christensen made comments about the following items:

- Questions if the monthly reports will break down the number of denials?
- Questions if satisfaction results be included in the reports? Her worry is that the call centers answer calls timely, however, they Customer Service Representative may not provide the answers that are asked by the member
- Voiced concern about newborns not having coverage because of movement to the incorrect coverage area after birth
- Concerns about dental coverage and a request for greater outreach to the *hawk-i* population
- Voiced concern about transportation guidelines and the need for additional passengers if a child needs to be accompanied by family members

NEXT MEETING

The next meeting will be October 17, 2016.

ADJOURNMENT

The Chair asked for a motion to adjourn. A motion was made by Burke Boston and seconded by Kohlsdorf. MOTION CARRIED UNANIMOUSLY. Meeting adjourned at 1:48 p.m.

Submitted by,

Nick Peters, Recorder of Minutes