



### **2015 MAAC Executive Committee Meeting Schedule**

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Conference Call Information</b>
Wednesday, August 26, 2015	3:30 p.m. – 4:30 p.m.	Webinar and Call Only, No In-Person Meeting	1-866-685-1580 Code: 515-725-1031#
Tuesday, September 22, 2015	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor Meeting Room, Side 1 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
Tuesday, October 20, 2015	3:00 p.m. – 4:30 p.m.	Iowa Medicaid Enterprise* Cabinet Room 100 Army Post Rd. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
Tuesday, November 17, 2015	3:00 p.m. – 4:30 p.m.	Iowa Medicaid Enterprise* Cabinet Room 100 Army Post Rd. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
Tuesday, December 15, 2015	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor Meeting Room, Side 1 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#

The above table provides the set dates and times for the MAAC Executive Committee meetings for the rest of the 2015 year. All meetings will be available via conference call. Agendas will be distributed prior to each month's meeting.

\*Guest parking is available on the west side of the building and throughout Steffon Plaza. Please check in at the front desk and you will be escorted to the meeting room.



## IA Health Link Member Introductory Mailing

**Summary:** The Iowa Department of Human Services will send an introductory mailing regarding the managed care transition to all impacted Medicaid members. The letter will contain information about the new program, impact to members and the timeline for the transition. In addition to the letter, a FAQ will be included in the mailing to provide additional details.

### Mailing Contents and Versions

1. Long Term Care and HCBS Waiver Members
  - a. Includes letter and FAQ
2. Current Managed Care Members (MediPASS and Iowa Health and Wellness Plan)
  - a. Includes letter and FAQ
3. Traditional Medicaid Members (Medicaid members in other eligibility groups)
  - a. Includes letter and FAQ
4. *hawk-i* Members
  - a. Includes letter

### Mailing Timeline

Week of August 31, 2015: Notice of Mailings sent

Stakeholder notice via Toolkit and email

Provider notice via Informational Letter and Toolkit

Samples of letters posted online

Notice to MAAC members via email and full council meeting

Late in the Week of August 31, 2015: LTC version of letter begins mailing to members

Week of September 8: *hawk-i* version of the letter begins mailing

Week of September 8- Week of September 14: All Other Medicaid Groups version of letter begins mailing to members

Week of September 21- Week of September 28: Current Managed Health Care version of letter begins mailing to members

### Provider and Stakeholder Communication

Prior to the member mailing beginning, providers and stakeholders will receive notice and copies of the communications being mailed to members.

- Stakeholder Toolkit: Contains FAQs, program summary, sample content to share with members and copies of the member letters and FAQs.
- Provider Toolkit: Contains FAQs, program summary, provider contracting and training information, sample content to share with members and copies of the member letters and FAQs.

Toolkits will be distributed no later than the week of August 31, 2015. Distribution will occur through stakeholder email lists, web posting and a provider Information Letter.

### Availability of Documents

Toolkits and samples of the mailings will be posted at:

<http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>.



## Implementation of the IA Health Link Initiative

The shift from a Medicaid program that is predominately fee-for-services (FFS) to managed care means profound changes in the structure and operations of the Iowa Medicaid Enterprise (IME). Below are key dates as we work toward implementation of this project on January 1, 2016.

Tasks	Timeline	Status
Governor's Budget Released	January 2015	Completed
State hires consultant IKASO	January 2015	Completed
RFP Issued	February 16, 2015, proposals due May 8, 2015	Completed
RFP Awards	August 17, 2015	Completed
Reconsideration Due	August 24, 2016	Upcoming
Contracts finalized	On or about September 11, 2015	Upcoming
10 Waivers (new and amended)	Public comment in process. Submitting formal waivers September/October	Continuing
Administrative Rules	Changes have been drafted and are in review	Ongoing
Readiness Review	In procurement	Ongoing
External Quality Review (EQRO)	In procurement	Ongoing
Oversight Functions and Reporting <ul style="list-style-type: none"> <li>• Legislative</li> <li>• Internal</li> <li>• Stakeholder</li> <li>• Ombudsman</li> </ul>	Finalize reporting requirements, oversight structure	Ongoing
Communications Campaigns	<ul style="list-style-type: none"> <li>• Director's public meetings began in February, continuing</li> <li>• Members mailings this month</li> <li>• Stakeholders – meetings began in July, continuing</li> <li>• Public campaign launch followed RFP awards</li> </ul>	Ongoing
Implementation	January 1	Ongoing



Mikki Stier, Medicaid Director

### Executive Council Committee Minutes August 26, 2015

#### COMMITTEE MEMBERS

Gerd Clabaugh  
Dan Royer  
Dennis Tibben  
Nancy Hale  
Kirstie Oliver  
Paula Connolly  
Shelly Chandler  
Ted Stopolous  
Jess Smith  
Anthony Carroll  
Jim Cushing

#### PUBLIC REPRESENTATIVES

**DEPARTMENT OF HUMAN SERVICES**  
Mikki Stier                      Liz Matney  
Jennifer Steenblock Maddisen Kies  
Lindsay Buechel

#### Introductions:

Gerd: Thanks for making time available this afternoon. We have a calendar of Executive Council meetings for remainder of 2015. Lindsay will send out after webinar. We are rotating between Hoover State Office Building and the Iowa Medicaid Enterprise. The next Executive Council meeting will be (runs through calendar provided) – locations will be added, but there are no date changes. Any comments and/or concerns?

#### Award Announcement and Immediate Timeline- Liz Matney, Mikki Stier

Liz: It's been a pretty dramatic couple of weeks. The Director announced the award for four vendors for managed care for the IA Health Link program. The four winning bidders are Amerigroup Iowa, Inc., AmeriHealth Caritas Iowa, Inc., UnitedHealthcare Plan of the River Valley, Inc., WellCare of Iowa, Inc. If you go to the DHS Website you'll be able to find links to that information and proposals posted on bid library and other information as well. Updates are found here on the Medicaid Modernization webpage:

<http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>

The Bidder's Library Page is here: [http://dhs.iowa.gov/MED-16-009\\_Bidders-Library](http://dhs.iowa.gov/MED-16-009_Bidders-Library)

For immediate timelines, we are looking at wrapping up contracts and having conversations with MCOs and having things nailed down and moving forward.

Question: A rough estimate of contracts finalized?

Mikki: Mid-September

Gerd: Other questions/comments?

Question: As far as MCO contracts with providers, happening simultaneously with contracting or does it happen afterwards? Timeframe of this?

Mikki: We are working in a joint meeting with the MCOs, working on logistical information and once that is finalized we will be sending out additional communications.

Question: Our providers have received contracts from UnitedHealth and Amerigroup. There is a sense of urgency getting back to them. Can you provide guidance on communication and the expectation on turnaround time?

Mikki: We can communicate that.

### **MAAC Executive Committee Role in Oversight- Mikki Stier**

Mikki: We have looked at what the MAAC is and looked at senate file 505, and have put this position paper together. (Mikki goes over the handout provided in the meeting) For the purpose, “that is nothing new and that is in current state statute on what MAAC is for.

Mikki: The DHS will hold monthly meetings on the managed care transition and implementation. These will be held in rural and urban areas and comments will be collected. Meetings will then be released and comments will be compiled and shared at the next meeting.

Mikki: This outreach is critical to avoid miscommunication about the program. We know that under MAAC there are at least forty different organizations. We are providing material and communications and we know it is going to take a large grassroots initiative in the next few months to transition this. We are working on a documented tool so when we receive those comments and bring to MAAC Executive Council, they’ll be clear for review.

Mikki: We are working on a documented tool so when we receive those comments and bring to MAAC Executive Council they’ll be clear for review. The IME will utilize the dashboard tool to outline key items in the RFP that is reported to the legislative oversight committee. That is what we are looking at for Executive Council role out of oversight. You can see at the bottom of the page the initial schedule that we are proposing targeting both urban and rural areas.

Gerd: Meeting schedules that you have on screen right now beginning in March, is this intent for additional meetings to monthly MAAC EC meetings?

Mikki: They would be in addition to. We are required to go out monthly both urban and rural. We would ask if someone would like to come from MAAC committee and listen.

Gerd: Transportation wise, we are encouraging everyone to go to at least one. Can we carpool?

Mikki: Yes. I traveled recently; it gives you a different perspective depending on what part of the state you are in. We are more than willing if you want to come with us then come with us.

Paula: Email directed to for scheduling?

Mikki: Lindsay Buechel.

Lindsay: We will work on scheduling dates and exact locations. I will send out paper and agenda, and other items so you can get an idea and do preference and coordinate in the next few meetings.

Gerd: Any other comments/questions?

Question: About EC monthly meetings, are you going to be accepting that the MCOs will also be attending those?

Lindsay: MAAC EC or Public Meetings?

Answer: MAAC EC

Liz: I don't think that is a bad idea, I think that is something we will work out once we start communicating and planning. Being involved as you can be in planning and collaborating.

Gerd: I would like to have the group actively involved in agendas for future meetings. There's a running list at the end of the agenda so we can use everyone's time most efficiently and would like to have active engagement on those agendas, and require to not have to create a standing item.

Question/Comment: Schedule for next EC meeting, I know earlier in the meeting you showed the screen. Has that changed since July 30? Did I miss this or is there a way to see this on our own?

Lindsay: I'll send it out afterwards.

Comment: A webinar is fine, but it'd be nice to have in person. In person would be better. For all it's worth, last minute changes as our groups – if option for in person.

Mikki: Those are suggestions for MAAC council, if you are interested in them, that's fine.

Question: For next month's meeting, is an hour going to be enough time?

Lindsay: Yes. These are all topics for next meetings. We are starting to compile topics that people have requested. It has SIM pushed to October because of capitation rates.

Gerd: For meetings going forward through December, the schedule stands at 90 minutes.

Comment: I like the upcoming topics. I think those are in alignment with things we have talked about. Engagement of MCO is appropriate and to make sure it's meaningful and utilize this as well. Respect to what Mikki shared- good outline – careful with respect to how information is shared and jump to wrong conclusions, looking at stakeholder comments, and review before meetings and make more effective so what is our recommendation?

Mikki: Plan to have part of the MAAC packet.

Comment: I was wondering along the same lines of the department having conversation about roles to MAAC and service utilization and provider tabs, required reports that MCOs will be submitting on a regular basis.

Question: Any information on that?

MS: Part of what we are looking at for oversight dashboard.

Gerd: Other reactions? Do people feel like attending one of those public hearings? What's a reasonable expectation?

Comment: I think it's very reasonable and I would expect that we should increase that attendance to three. To your point, we want to be more engaged as a council. To Mikki's comment when you are out there to different parts of the state.

Comment: I concur as well. I also have been through different processes and have gone with DHS to those meetings. I'll try three, but would hope to do more than that.

Mikki: We wanted to make sure we aren't traveling that far away in the winter. Logistically, we do things in the spring/summer so we have not set a time. We have put this up as potential options and locations and times to allow travel time and stuff to get back.

Question: Possible for one or more of these public meetings to maybe have a MAAC EC before or afterwards to piggy back that?

Comment: There's press coverage today that MAAC has responsibilities for this. One of the meetings so public sees who we are, understand it's separate from actual public meetings, one or two of consensus of all being there. I think this is great etc.

Lindsay: We can consider. One of the goals is the MAAC EC would be later in the month. We'd compile the comments and timing wise if we did do something like that double up in the month. More public to deal with as we go along; public meetings first and MAAC EC reviews comments once we get that all together.

Gerd: Gauge people's ability to travel, etc.

Comment: You also have people provide comments and written email. No assumptions to maximize number of people who are able to participate however that looks. Consider what dates are more helpful. If you can't come / travel, you can contact us and send email to do this.

Mikki: Sure

Comment: Make sure other ways to participate in other ways and to ask always has stipends available to help families' and help them with that expense. Make sure we get that message out to people.

Lindsay: Comments for formats and make sure people know all different ways and not in person.

Comment: I think three meetings are reasonable and not just one.

Comment: I agree with all previous comments

Gerd: Three meeting minimum. Establish that. Appreciate everyone to be willing and aggressive here in that plan. Other questions on waiver process?

### **Federal Waiver Process Status- Jennifer Steenblock**

Jennifer: Public comment period ends September 18. We are targeting to submit to CMS those two waiver amendments by September 25; leaves us with final waivers for public comment period for BI and AIDs waiver which will end September 25. Target submission would be by October 2. There will be time frames for formal submissions for all various documents and take for CMS approval. As we do submission to CMS, part of the submission to CMS is part of the comments we have received and part of public comment process. We are posting to our website. We will continue to add to the document of the three phases to the waiver documents. To share with you a little bit of information. There have been very few suggestions to waivers. May say go to page nine; paragraph two and recommend particular language, etc. Most comments were more global around initiative itself. We did receive some common themes such as implementation timeline and aggressive timeline, and timeline it'll take for CMS to do the approvals. There have been questions/comments around the incentive and to prioritize profits around the services or service delivery and care coordination services. There has been comments of final area around process of enrollment for final choice and around that category and compilation on what we have to stick with that phase.

Gerd: Any questions/comments?

Question: I can't recall whether or not department can respond?

Jennifer: No, what we are doing is compiling them and looking for common theme areas. Identifying if any changes were incorporated into those documents. It's more of a compilation.

### **IA Health Link Communications- Lindsay Buechel**

Lindsay: Member introductory mailing. Letters will not go out to members until stakeholders and providers received them. I wanted to make sure we walked through it. External communication is coming. Goal of this mailing is to introduce IA Health Link program to members to let them know it's coming and it walks through transition timeline for them and to make sure they take action. A few of the different paragraphs in the letter. First is for HCBS waiver members/LTC and taking into consideration the other three grouped populations which are traditional Medicaid members, current managed care and *hawk-i*. Next week we will start all external notification of the mailings. We will go through all stakeholders, working on toolkit and this will go out through provider community targeted to health care providers. Samples of letters posted on webpage, MAAC holders on stakeholder list, and send out to MAAC full council, and everyone will get

samples to resources. August 31 is the week we start beginning the LTC/HCBS mailing. We are starting with LTC/HCBS version to give members most of their times. **hawk-i** members will go mid-week September 8. That week through September 14 will be traditional Medicaid members. The last group is current managed health care – mail out week of September 21 and September 28. Spread over two weeks due to volume. Looking at this mailing to take all of September. Hopeful to get this enrollment process in the folder. Stakeholder perspective, toolkit, FAQ, newsletter, samples of things in the toolkits. Information provided in the toolkits. Lastly everything will be available on the Medicaid Modernization webpage, all materials will be going out on the program name and heading. Anything going forward you will see this branding. Jennifer wanted us to clarify that it does include individuals and meridian and Magellan. That is that category.

Question: Posted somewhere on the DHS website?

Lindsay: This piece here along with the other documents. This is something we will share at full MAAC council as well.

Gerd: Comments/questions. For public health organizations that are both looking at themselves as potential providers with the MCOs and organizations – expectation would be that we could pick up this information and timelines available and use that to begin communication with staff and clients. Is that my following?

Lindsay: Yes that is what we can ask you to do. Preference as well. We will go over this piece as well. All of this will be posted on the website that we see here. Please pick it up and share with anyone you wish.

Jennifer: As toolkits are developed too – call to action – help information get out to all the groups.

Lindsay: Develop new materials and update and reissue those on a regular basis as we are getting new information.

Gerd: Other comments/questions on that item? We can continue to watch the website here. You have a timeline you've laid out here and use as a guideline as well.

Question: About the FAQ as things change and putting updates in? Will you have a separate page and acknowledge things? Responded to question, etc.?

Lindsay: Discussing today on the best way to do that and identify what's new. Other reactions?

Gerd: We appreciate everyone thinking about how we are aware of this information, etc. as Mikki has said earlier this is going to take a coordinated effort. Other thoughts?

Gerd: It is 4:20PM so I need to disengage from the call, as I indicated earlier – will have group's ideas and challenge will be on a format and in a schedule that we can format. I think that also if there are additional topics and interested in.

Mikki: Thank you, Gerd. Are there topics and comments that you need to share or ideas you may have?

Question: Is the process all current Medicaid providers will have to re-enroll with DHS in October?

Mikki: You'll have to re-enroll

Question: So any provider will have to reenroll through the standard process?

Liz: Moving forward we are going to have more specific timeline for provider re-enrollment. We have an influx of provider re-enrollment as well as wellness and other managed care providers will also be enrolling with Iowa Medicaid. We are working to stagger that a little bit.

Question: Will there be a timeline and putting groups based on provider expertise or appropriate categories?

Mikki: Yes.

Question: If at all possible are we able to go over EC provider enrollment process and get the numbers beforehand to get that process.

Liz: Priority to have a strategy that is streamlined as possible so we aren't all duplicating efforts.

Comment: In addition to that provider enrollment may be helpful to have education or discussion on network development. How is that going to roll out and time for feedback from MCOs and how they are progressing in their own development of the network. Just an idea for another meeting.

Mikki: Okay. Thanks.

Question: Looking ahead more immediately to next meeting. Our next meeting is 90 minutes, enough time for cap rates?

Mikki: Yes.

Comment: Thank you for putting this together, etc. Jennifer, thank you for preview of synthesis of comments and the submission of comments and timeframe, and saying it's aggressive and provider network adequacy. November is a snapshot of how we are doing, etc.? What realistically are we looking like to avoid challenges?

Liz: One idea that we have is that we have to go through a readiness review assessment to ensure that they are able to have the operations running thirty days before the go live date of January 1 2016. Idea that once work begins we could bring status updates to MAAC EC and that would include the network adequacy assessments that we would be doing. Sound ok?

Comment: Yes any type of updates you can provide with that and help us. That just helps us and we are all indicating and in return can help us understand and reduce volume of questions and concerns your way.

Mikki: Any other questions?

Question: Would like to hear from the other stakeholder process grievance. An update on where they are at? What the plans are?

Mikki: We will add to the list.

Liz: To concern about the length of time to capitation review and etc. It'd probably be helpful, if I got specific questions – if you could send those related to capitation rates developed or specifically for this program – would be helpful to have ahead of time. Send them to Lindsay

Lindsay: Will send out a call for questions and respond to meeting invites directly and will get them all to Liz.

Mikki: Anything else for the good of the order?

Question: Updated timeline? Any information on RFP process?

Mikki: Specific to what?

Comment: Talking about deadlines and respect to readiness review

Mikki: We are still on target.

Comment: just a comment we got together last month, we agreed on a timeline of meeting on the third Tuesday. We have changed twice now. If we can stick to what we agree to in regards to meeting times. It makes it easier for members.

Mikki: Thanks we will take that and work on it.

**Adjourn: 4:30PM**



### **Medical Assistance Advisory Council Managed Care Policy Oversight and Involvement**

#### **Purpose**

The purpose of the Medical Assistance Advisory Council is to advise the Director about health and medical care services under the medical assistance program. Additionally, the MAAC will provide recommendations related to the Medicaid managed care program, called IA Health Link.

#### **Vision**

The Iowa Department of Human Services and the Medical Assistance Advisory Council (MAAC) will collaborate to share information, progress reports and gather feedback regarding the Medicaid managed care program, IA Health Link.

#### **Call to Action**

The MAAC will also act as a valued partner with the Iowa Department of Human Services (DHS). Members will serve as the liaisons for information sharing to those whom they represent, ensuring that information related to Iowa Medicaid is distributed and understood.

MAAC members will be equipped with the most recent program information, educational materials and resources to help champion initiatives launched by DHS.

#### **MAAC Meeting Process**

The MAAC will follow meeting guidelines and process set forth in state legislation and Iowa Administrative Code.

#### **Executive Committee**

The Executive Committee, elected in May 2015 by MAAC members, shall meet on a monthly basis. The Executive Committee consists of ten members, five from professional organizations and five representing consumer organizations and/or family members. The Medicaid Director and supporting DHS staff shall attend the monthly meetings to provide members with detailed program updates and participate in discussion.

The MAAC Executive Committee, per Senate File 505, will be responsible for assessing feedback received from members, stakeholders, providers, community advocates and the general public and making formal recommendations based on the feedback to the Iowa Department of Human Services. See Public Meetings section for additional details.

Executive Committee members include:

- Chairperson
  - Gerd Clabaugh, Iowa Department of Public Health
- Representing Hospitals
  - Dan Royer, Iowa Hospital Association
- Representing Nursing and Long Term Care
  - Cindy Baddeloo, Iowa Health Care Association/Iowa Center for Assisted Living

- Representing Physicians
  - Dennis Tibben, Iowa Medical Society
- Representing Other Medical and Support Services
  - Shelly Chandler, Iowa Association of Community Providers
- Representing Pharmacies
  - Jess Purcell Smith, Iowa Pharmacy Association
- Representing the Public and Consumer Organizations
  - Anthony Carroll, AARP
  - Kristie Oliver, Coalition for Family and Children’s Services in Iowa
  - Jim Cushing, Iowa Association for Area Agencies on Aging
  - Nancy Hale, NAMI Iowa
  - Paula Connolly, Public Member

**Full Council**

The full council shall meeting on a quarterly basis. Formal membership on the full council is outlined in Iowa Administrative Code, 249A.4B. Each identified organization shall designate a representative to attend meetings and receive correspondence. Meetings will be open to the public, however, voting and decision making will be restricted to formal member organizations. The full council is chaired by the Director of the Iowa Department of Public Health. The Medicaid Director and supporting DHS staff shall attend the monthly meetings to provide members with detailed program updates and participate in discussion.

Full Council Membership:

[https://dhs.iowa.gov/sites/default/files/SFY16\\_MAAC\\_Members\\_July2015.pdf](https://dhs.iowa.gov/sites/default/files/SFY16_MAAC_Members_July2015.pdf)

**Managed Care Public Meetings and MAAC’s Role**

Per Senate File 505, DHS will hold monthly statewide meeting to gather input from members, stakeholders and the general public on the managed care transition and implementation.

- Meetings will be held in both rural and urban areas, and comments will be collected by DHS during the meetings.
- Set to begin in March 2016, a schedule of the meetings will be released.
- Comments will be compiled and shared at the next month’s MAAC Executive Committee meeting. The MAAC Executive Committee will review the comments and make formal recommendations to DHS.
- The formal recommendations will be shared at each quarterly full council MAAC meeting.

**Additional Elements of MAAC’s Role**

1. The Iowa Medicaid Enterprise will enlist the MAAC Executive Committee to participate in the public meetings and ask each member to attended at least one meeting a year throughout Iowa so they can obtain first-hand knowledge about Medicaid managed care in that community.
2. The Iowa Medicaid Enterprise will enlist the MAAC full committee to assist with providing information and education to the various association and members regarding the Medicaid modernization programs and services. This outreach is critical to ensure that the information about the Medicaid managed care program is communicated consistently to avoid miscommunication about the program.

### Managed Care Reporting to MAAC

1. The Iowa Medicaid Enterprise will develop a standardized reporting tool that will be utilized at the public meetings.
2. The Iowa Medicaid Enterprise will develop a Medicaid Managed Care Oversight Dashboard tool that will be utilized to report the various key areas as outlined in the RFP to be reported to the legislative oversight committee. Included in this dashboard will be the summation of the Public Meetings.

### Initial Meeting Schedule

*\*Locations only, additional details to be released*

Month	Location
March 2016	Mason City
April 2016	Burlington
May 2016	Dubuque
June 2016	Council Bluffs
July 2016	Cedar Rapids
August 2016	Fort Dodge
September 2016	Waterloo
October 2016	Sioux City
November 2016	Ottumwa
December 2016	Des Moines

### Legislative References

MAAC Federal Statute: [Title 42 §431.12](#)

MAAC State Statute: [Medical Assistance, §249A.4B](#)

MAAC State Administrative Code: [Chapter 441-79.7 \(249A\)](#)

Managed Care Oversight: [Senate File 505](#)