



Meeting Minutes August 8, 2018

COUNCIL MEMBERS	DEPARTMENT OF HUMAN SERVICES
Mark Anderson – present	Jerry Foxhoven - present
Phyllis Hansell – present	Sandy Knudsen - present
Alexa Heffernan – present	Nancy Freudenberg - present
Kimberly Kudej – present	Vern Armstrong - present
Kim Spading – absent	Mike Randol - present
Sam Wallace – present	Liz Matney - present

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Representative Lisa Heddens – absent
Senator Amanda Ragan – absent
Senator Mark Segebart – absent

Guests

Erin Cubit, Iowa Hospital Association
Kelsey Thien, Iowa House Democrat Staff
Tony Leys, Des Moines Register
John Hedgecoth, Amerigroup Iowa
Joyce Russell, Iowa Public Radio

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 a.m. by teleconference on August 8, 2018, in the First Floor Conference Room of the Hoover State Office Building.

ROLL CALL

All Council members were present with the exception of Spading. All ex-officio legislative members were absent.

Anderson reported that this meeting of the Iowa Council on Human Services is being held in accord with Section 21.8 of the Code of Iowa entitled "electronic meeting." The Code states that a governmental body may conduct a meeting by electronic means if circumstances are such that a meeting in person is impossible or impractical, or if the governmental body complies with the following rules. The rules essentially state that access must be provided to the public. The meeting is being held on a speaker phone in the first floor conference room of the Hoover State Office Building. Notices and agendas were sent to interested groups as well as the press advising them the meeting will be held via conference call. Minutes will be kept of the meeting.

RULES

Nancy Freudenberg, Bureau of Policy Coordination, presented the following rules for notice:

N-1. Amendments to Chapter 7, Appeals. Allows household members who are suspected of an intentional program violation an opportunity to waive their right to an administrative disqualification hearing, if they so choose.

N-2. Amendments to Chapter 79, Medicaid. Rescinds rules regarding fee-for-service with cost settlement for Targeted Case Management (TCM). Also revises the existing fee schedules for TCM and Case Management (CM) under the Home- and Community-Based Services waiver and Habilitation (Hab) programs. TCM and CM provider agencies will no longer be required to submit an annual cost report. Allows the Department to standardize rates for TCM and CM provider agencies. These rates will only apply to members who are enrolled in Medicaid as fee-for-service.

N-3. Amendments to Chapter 79, Medicaid. Adjusts home health agency Low Utilization Payment Adjustment (LUPA) rates to reflect approximately \$1,000,000 of additional state appropriations for reimbursement in accordance with 2018 Iowa Acts, Senate File 2418, section 39. This amendment will increase home health agency provider rates.

N-4. Amendments to Chapter 79, Medicaid. Revises the current inpatient hospital 30-day readmission policy to exclude readmissions that are planned for repetitive or staged treatments and clarifies that the policy does not apply to critical access hospitals.

N-5. Amendments to Chapter 79, Medicaid. Makes the pharmacy copayment a flat copayment of \$1.00 per prescription or refill and no longer bases the copayment on the preferred or non-preferred status of the drug on the Preferred Drug List (PDL), consistent with federal regulations and state legislative requirement.

N-6. Amendments to Chapters 81 and 82, Medicaid. Expands the Special Population Nursing Facility criteria to include persons residing in an intermediate care facility for persons with medical complexity up to age 30. The rules will increase the number of qualified providers available to meet the needs of young adults with complex medical conditions.

Council requested further clarification on the actual rate Child Serve will be paid and thought the wording was confusing.

N-7. Amendments to Chapter 87, Family Planning Program. These amendments are legislatively mandated changes regarding distribution of funds and participating providers of the Family Planning Program (FPP).

Council requested information on how many people were served (or not served) since the new program started July 1, 2017.

Motion was made by Wallace to approve the noticed rules and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

A motion was made by Heffernan and seconded by Hansell to approve the minutes of July 11, 2018. MOTION CARRIED UNANIMOUSLY.

OVERSIGHT OF MANAGED CARE

Mike Randol, Medicaid Director, Iowa Medicaid Enterprise (IME), provided the following report:

- The Progress Improvement Workgroup continues to meet. Four subgroups were formed covering credentialing, prior authorization, claims payments, and data (healthy outcome data and operational data).
- Staff is compiling the results of a survey sent to providers regarding their training needs.

Hansel requested that Randol, at a future meeting, discuss the kinds of problems that seem to be the most difficult to resolve and if those problems are common across states. Randol responded that most problems are not unique to Iowa and that Medicaid Directors across the nation meet twice a year to discuss the issues and challenges facing states.

Anderson suggested that Randol, at the next Council meeting, share his top five problems and frustrations and if they are shared among other states.

REVIEW OF MCO QUARTERLY REPORT

Liz Matney, Chief, MCO Oversight and Supports Bureau, Iowa Medicaid Enterprise, provided an overview of the “Managed Care Organization Report: SFY 2018, Quarter 3 (January-March) Performance Data Report.”

- The number of ‘Health Risk Assessments’ (page 9) completed by UnitedHealthcare rose significantly due to the large number of members that transitioned from AmeriHealth.
- ‘Service Plans Completed Timely’ and ‘Level of Care Reassessments Completed Timely’ (pages 17-18) metrics are important to the State as HCBS programs are monitored and also particularly important to CMS as they monitor the State’s administration of the HCBS programs. For both of these metrics the standard is that the service plans are updated and the care assessments are completed at least annually. Matney noted that a member’s services are not interrupted if the service plan is not updated timely.
- Responding to a question from Hansell regarding examples of ‘Critical Incidents’ (page 19), Matney reported that it is important to look at it from a reporting period perspective and also backtrack - looking at it from a baseline perspective (a trend over time) to give it context. Kudej requested more information/clarification on the injuries. Matney responded that she could pull more data to give more context, and noted that these are unduplicated numbers and in more than one category and reporting period.
- Matney noted that in regard to the “Iowa Participant Experience Survey Reporting” (page 20) - issues are flagged for follow-up. The survey sample size is approved by CMS.
- In regard to the call center statistics (page 27) related to ‘transportation’ and why the Amerigroup’s numbers appear high, Matney noted that UnitedHealthcare’s ‘transportation’ program is included under their ‘bucket’ of benefits and the calls do not necessarily reflect a member calling in with a problem with transportation, but also reflects inquiry calls. Member’s grievances regarding transportation are found on page 23. To provide context, transportation grievances total 171 for both Amerigroup and UnitedHealthcare - the number of trips that are scheduled for that time period totaled 300,000.
- Regarding ‘Health Plan Claims Payments’ (page 32), the metric for timeliness has been met. Senate File 2418 requires the Department to conduct a small claims audit for the LTSS population and that audit is being arranged. The average days from receipt to adjudication of the claims to the MCO’s was 6-8 days.

- A drop in 'Value Added Services' (page 39) from the last quarter is largely attributed to the transfer of members from AmeriHealth to UnitedHealthcare, or to 'fee-for-service' and then to Amerigroup. Some 'Value Added Services' are specifically related to a situational condition that the member is experiencing, such as pregnancy. DHS is working with the MCO's to outline what they are going to continue to be offering for the next fiscal year and what they will bring on as new Value Added Services.
- In response to a question from Hansell, Matney reported that "COB" stood for 'Cross-Over Benefits' and Matney would get back to Hansell regarding why there wasn't more consistency of categories among MCO's (page 30) and noted that it isn't always an 'apples to apples' comparison when looking from Amerigroup, to AmeriHealth, to UnitedHealthcare and the Department looks at the reports over time to get a better perspective.
- In response to a question from Kudej, Matney reported that providers have 180 days from the date of service for an initial claim to be filed (page 33). For a claims adjustment, the provider has an additional 365 days to correct it.

UPDATE ON DHS RESPONSE TO RECENT NATURAL DISASTERS

Vern Armstrong, Administrator, Division of Field Operations, provided the following report:

- Whenever there is a disaster it is up to the local communities to decide the level of response needed. If additional assistance from the State is requested, the local emergency management coordinator works with Iowa Homeland Security to request a Governor's declaration of disaster. The declaration can be for either public assistance (roads, dam repair, clean-up, etc.) or individual assistance.
- The Individual Assistance Grant Program (IAGP) helps low income residents pay for repair to their homes or for property replacement with grants totaling up to \$5,000 for each household. To be eligible, the household has to be under 200% of the federal poverty guidelines, to be reimbursed for uninsured items. Individuals have 45 days to apply for the IAGP - and the program runs for 120 days after the declaration. This program is run by a contract with local emergency assistance agencies.
- In FY18, Iowa experienced 9 declared disasters and, so far, in FY19 (starting on July 1, 2018) there have been 4 declared disasters. The FY19 disasters include 9 counties and the Iowa Executive Council has approved \$1.6M for the IAGP. So far in FY19, the IAGP has paid 118 households with 651 pending and 5 denied.
- Information and applications can be found on the Department's website and a toll-free phone number is provided.

- In 2016, new legislation created ‘Disaster Case Management’ that is tied to community action agencies. Disaster case management provides a case worker to help a family develop a recovery plan for their unmet disaster needs and help them work to accomplish their plan. This program runs for six months after the disaster and people can apply any time during that six months. In FY18 over \$98,000 has been spent for disaster case management and in FY19 over \$21,000 has been spent.
- Another program the Department coordinates, when requested, is the “Disaster Behavioral Health Response Team” out of the Mental Health and Disabilities Services (MHDS) Division. The team (18 volunteers) have been working in Marshalltown providing behavioral health needs assessments, psychological crisis counseling, stress debriefing, etc.

Anderson reported that he serves on ‘Long Term Recovery Committees’ in three different counties and, in his experience, the Department’s system is efficient and working very well.

DIRECTOR’S REPORT

Jerry Foxhoven, Director, provided the following report:

- Amerigroup and UnitedHealthcare managed care organizations conducted extensive outreach in the three communities affected by the recent tornados (Marshalltown, Pella and Bondurant).
- In an effort to provide positive news, now and then, Foxhoven shared a story of an Amerigroup member who was homeless and suffering from medical and addiction challenges. Due to Amerigroup’s intervention, the member is thriving under a comprehensive plan to address her various needs.

NEXT MEETING

Council decided to hold a day-and-a-half budget meeting in September. The Council will meet beginning at 1:00 p.m. on September 11, 2018, until late afternoon and then re-convene at 9:00 a.m. on September 12, 2018.

ADJOURNMENT

Council adjourned at 11:40 a.m.